



ADDRESS

OF

THE BOARD OF TRUSTEES

OF THE

MASSACHUSETTS

GENERAL HOSPITAL

TO THE

PUBLIC.



As in some solitude, the summer rill
Refreshes, where it winds, the faded green,
And cheers the drooping flowers, unheard, unseem,
Such is this charity!—no sudden start,
After long sleep, of passion in the heart,
But steadfast principle, and in its kind
Of close alliance with the eternal mind.



BOSTON,

PRINTED BY J. BELCHER.

1814.

At a meeting of the Trustees of the Massachusetts General Hospital, on 2d of January, 1814.—Present the whole Board, viz.

The Hon. T. H. Perkins, Hon. Josiah Quincy, Hon. Daniel Sargent, Joseph May, Tristram Barnard, Stephen Higginson, jr. Gamaliel Bradford, George G. Lee, Francis C. Lowell, Joseph Tilden, John L. Sullivan, and Richard Sullivan, Esquires.

The Committee appointed on the 19th ult. to prepare an Address to the Public, on the necessity and importance of a General Hospital, within the Commonwealth of Massachusetts, made a Report, which having been read and considered, thereupon VOTED, That the further consideration of this Address be postponed until the next meeting, and that in the mean time the Hon. Messrs. Quincy and Sargent, and Col. G. G. Lee, be a Committee to communicate the said Address to the Board of Overseers of the Poor of the town of Boston, for its advice and consideration.

At a meeting of the Board on the 9th Jan. 1814.

The Committee appointed on the 2d instant made a report that they had communicated the proposed Address to the Board of Overseers of the Poor of the Town, according to the direction of the Trustees, and had received from the Chairman of that Board a copy of a vote passed by the Overseers in the words following, viz.

At a meeting of the Overseers of the Poor of the town of Boston at the Almshouse, on Wednesday, 5th January, 1814.

The Trustees of the Massachusetts General Hospital, having submitted an address to the Public, on the subject of their proposed Institution, to this Board, for its advice and consideration, thereupon; Voted, That the statements and general reasoning, contained in the said address, meet the approbation of this Board, and being deeply impressed with the importance of a General Hospital, within the Commonwealth of Massachusetts, they do earnestly recommend the same to the patronage of their fellow citizens. *Per Order,*

WM. SMITH, *Chairman of the Board of Overseers.*

Whereupon the proposed address to the Public being again read and considered; Voted unanimously, That the same be accepted and signed by each member of the Board, which having been done—Voted, That the Hon. Josiah Quincy, Joseph May, and Richard Sullivan, Esquires, be a Committee to cause the same to be printed and prepared for distribution, with directions to report their proceedings to this Board at the adjournment.

TO THE PEOPLE OF THE
COMMONWEALTH OF MASSACHUSETTS.

FELLOW CITIZENS,

THE undersigned, having been appointed Trustees of the *Massachusetts General Hospital*, under the provisions established by the Legislature of this Commonwealth, and, in consequence of that appointment, having taken upon themselves that arduous and important trust, find themselves compelled, not less by a sense of duty to the Institution, committed to their care, than by the most imperious obligations of humanity, to appeal, in behalf of both, to the virtue, the pride and sentiment of a generous and highly privileged people. Like the majority of their fellow citizens, the undersigned, antecedent to their appointment, had but faint impressions of the nature and necessity of such an establishment. They had, previously, no conception of the loss occasioned the community and the sufferings inflicted on individuals, by the want of it. They felt not, for they had not been called to reflect sufficiently upon the subject, to realize the shame and almost disgrace resulting from the fact, that the capital of New-England should not possess an Institution, of which, perhaps, no city, the central point of an equal population, either in Europe, or America, is destitute; in a capital too, proverbial for its charity; whose munificent spirit has been felt in the east and in the west; has been seen planting colleges in the wilderness, and scatter-

ing the light of divine truth, in regions beyond distant seas! What then—Is the hand, which has been ever open at the call of others, closed only upon the claims of its own household? Will not that charity, which has gone forth shedding its bounties on foreign lands, come at the call of its country to bless that *home* where, had it been of an ordinary character, it would have first begun; and beyond which, had it been less enlightened, it would have never extended?

It cannot be, that the nature of this subject is understood. It is impossible, that the necessity of such an Institution can be realized, by the people of Massachusetts. Certain we are, that could the number of individuals, which, in consequence of the want of such an establishment, have fallen victims to disease and neglect; could the nature of their sufferings be realized, in all the aggravation of their circumstances, there would be no need of solicitation, or appeal. The charity of our fellow-citizens would anticipate all our desires. Their benefactions would flow in upon us, like water.

The nature of a General Hospital is not understood. Its necessity is not realized. It is thought that private charity is sufficient for all such purposes; or, where this fails, that an Alms-house is ample to supply the deficiency. Alas! how little do those, who thus reason, apprehend the variety of the evils, which beset the condition of man, or the nature of the claims, which poverty and suffering have upon humanity; or the utter insufficiency of an Alms-house to such objects. The cases, which General Hospitals are intended to relieve, are those, to which

private charity cannot, in most instances, effectually reach, if it reach at all ; and to which it is a perversion of the purposes of Alms-houses, when they are made to apply.

We shall instance, in both classes of objects, to which this Institution relates, *the sick poor and the insane*. The poor, in sickness, have, in most cases, great, and in all cases, some claims, in civilized society, on the protection of their fellowmen. "Help or we perish," is an appeal, which no heart that is human, can hear and realize without hastening to relieve. But such is the condition of social life ; and the classes of men are necessarily so far removed from one another, that the cry of distress will often never reach the ear of the able or the willing. Sometimes honest pride, sometimes conscious vice, deters the sufferer. The fear of dependence is the cause why some refrain from divulging their necessities ; delicacy of disposition, of sex, or of situation, is a reason with others. The sphere of every poor man's acquaintance among the affluent, is necessarily limited. Those, who are known to him, are, perhaps, less able than they appear, or less willing than they are able ; or the fund of benevolence has been so often exhausted by pretenders, that even charity itself has grown suspicious and impatient of applications. The sufferer finds repulse, or fears it. He shrinks from denial. He hides himself, and his distress from the world. He sinks under the accumulated weight of poverty and disease. His wants are never known, or if known, it is often when too late for effectual relief. These are no fictions of fancy. In all times, countries, and societies, such cases have existed.

They exist in ours, at this day. In large collections of men, some must be shiftless and some friendless. There must be *strangers*, unknowing and unknown to the society, on which they are accidentally cast. The industrious labourer, the enterprising mechanic, or the hardy yeoman, even in the midst of youth and vigour, is often arrested by disease. To those, with whom he resides, he is unknown, or indifferent; perhaps, burdensome. In his distress, he is ignorant where to apply, and has no one to apply for him. In instances like these, and they are numerous, far beyond our enumeration, or the public apprehension, how can private charity find its object? If found, how, with certainty, can it extend its aid in season to be serviceable?

Besides, were private charity competent, as it is not, to attain a knowledge of all the multiplied forms of disease and wretchedness, which exist in society, it is utterly incapable of extending effectual and adequate relief. It may administer to the comfort of the sufferer. It may assuage his anguish. It may provide funds for his support. In doing this, it has done much. It has done more, than, from individuals, is either expected, or experienced. But how short is this of the aid, which, in critical diseases, is essential! Commodious and retired apartments, skilful, regular, and systematic attendance, well informed nurses, cleanliness, order, care, all so necessary to comfort in sickness, so essential to recovery, are scarcely, if ever, attained by private contribution for the poor, in sickness. Indeed, from the nature of things, such accommodations cannot be attained, for the numbers entitled to relief, any where, except in

the liberal arrangements of an Institution, which, destined for the object and permanent in its plan and foundation, prepares and arranges all the comforts and necessities, which every species of bodily distress, and every form of disease, or suffering can require. Such is the purpose of a General Hospital; such is the necessity of its institution in every advanced and progressive stage of the social state.

But it is thought that Alms-houses can supply all the particulars, in which private charity, from its nature, is deficient. Those, who hold such an opinion, have not well considered the nature of those institutions, nor sufficiently acquainted themselves with the different, and often incompatible, comforts and accommodations those objects require, for which an Alms-house and a Hospital are respectively provided.

An Alms-house is, in its nature, merely *an asylum for poverty*. Here the poor, without respect of age or sex, have a right to find food and shelter. If it provide medicine and professional attendance, it is because these are inevitably *incidental* to such an establishment, and not because they are the objects of it. *The cure of the sick* is, almost necessarily, a secondary consideration in an Alms-house, and subordinate to its principal design. The very statement of the nature of an Almshouse shows, that it must be incompetent to supply the purposes of a Hospital. An attempt to unite both establishments combines so many objects, as to render it extremely difficult to be completely successful in any. The general arrangements of an Institution, thus comprehensive, must include an Almshouse, a bridewell, a lazaretto, and every species of hospital, foundling,

magdalen, and lunatic. The effect of such incongruity of design, may be better imagined than described. Besides, relief of the poor being the principal design of such an institution, poverty becomes an essential requisite for admission to its benefits; to the exclusion of that numerous and interesting class of sufferers, who, without being wholly deprived of funds, are yet, owing to unavoidable circumstances, destitute of those comforts and accommodations, which the particular nature of the disease or accident, which has befallen them, demands. For these, an Almshouse affords no refuge. Yet for such, a Hospital is a peculiar and most desirable asylum.

True it is, that the Almshouse, in Boston, is conducted in a spirit most liberal and sagacious. Whatever can be done to remedy the inconvenience of such comprehensive institutions is effected. Yet the Overseers of that establishment are impressed, not less than the undersigned, with its inadequacy to supply the want of a Hospital. Neither its accommodations, nor its funds, are more than sufficient, if they are equal, to meet the just claims of the aged and infant poor, in such a metropolis as ours. Whatever, therefore, of funds, of room, or of care, is applied *to the mere cure of the sick*, is so much subtracted from the interests of that particular species of charity, for which the Almshouse is provided.

Such is our lamentable deficiency in this Commonwealth, in provision for the poor and the stranger in sickness! But what shall be said in relation to the state of our preparation to relieve the most awful and humiliating misfortune, to which the children of men are subject? What shall be said, when it is

found, that through the whole extent of New-England, even in its capital, there is not one public establishment for the cure of the insane? Even the Alms-house, in this metropolis, does not pretend to cure. With respect to this class, it only claims to afford shelter. How poor! how little does it deserve this humble praise! *All it possesses are accommodations for eight patients!* Yet, scanty as are its provisions, in this respect, and few as are the inducements to partake of its protection, there are often three times as many patients as the house possesses means of accommodating.

In a state of things, thus calculated to excite our sympathy, it is surely unnecessary to add details of inconvenience and expense, to which the opulent are subject, in placing an insane member of a family, in a Hospital, at New-York, or Philadelphia, under the custody of strangers, three, or four hundred miles from their place of residence; or to enumerate the deception and imposition, to which all are liable, when they deliver over these wretched wrecks of intellect to the nostrums of quacks, or to the care, often interested, or unfeeling, of the owners of private mad-houses. If the most innocent and most pitiable of all human afflictions have power to touch the heart,—we have said enough.

It remains only to illustrate the remedy, which the proposed Institution offers for the evils, we have enumerated. The objects, for which Hospitals provide, are those, in whose condition, poverty or friendlessness, or inconvenience of situation, combines with sickness; or those, who are merely insane. The one proposed, contemplates receiving all of this descrip-

tion, from every part of the Commonwealth. The end of the Institution is cure of the disease, whether bodily, or mental, under which they labour. To this, all its arrangements tend. To this, its whole organization is made subservient. It purposes to afford the best medical aid; the best nurses; the most suitable apartments; all the assistance which sickness requires; and all the comforts, which are subsidiary to convalescence. In establishments of this kind, the accommodations provided are often such as strangers, accidentally resident, cannot procure; and are sometimes of a nature, which, even at home, the mediocrity of the middling classes of society cannot command. It will scarcely be said, that purposes such as these, are not worthy of the patronage of an enlightened and liberal community. Will it be said then, that such establishments are incompetent to the objects they propose to effect? The experience of almost every great city, in civilized Europe, and that of New-York and Philadelphia, in our own country, is an evidence of the contrary. Will it be suggested, that they are liable to abuse? We answer, that this is the common condition, to which every thing human is subject. If man shall refuse to do any thing, until he can perform what is perfect; if he will put nothing under the care of others, until he find beings exempt from frailty and error, there is an end to human exertion and of all trust and confidence among men. We ask, what can be entitled to the confidence of the public, if an Institution, formed upon the principles of the one proposed, has not a right to claim it? An Institution, established by the joint charity of individuals and the Legislature of

the Commonwealth ; its conductors responsible to the Executive of the Commonwealth and to the subscribers, by an annual election. What constitution of things can give a higher assurance of integrity and discretion ? How can any general fund of charity be placed under a guard more likely to be faithful and vigilant ?

Although it is naturally to be supposed, that a great portion of the funds, expected on this occasion, will be derived from the subscriptions of inhabitants of the metropolis and from those of the towns in its immediate vicinity, yet the nature of this establishment gives a right to look for liberal contributions from persons, residing at a distance, and in the remote parts of the Commonwealth. It is, in its character, a State establishment. The persons, most likely to stand in need of its benefits, are those, who resort to the metropolis, from remote parts of the Commonwealth, in the capacity of labourers, of mechanics, of sailors, of servants, or teamsters. Such persons are often seized with sickness, in taverns and boarding houses ; and fall victims to the neglect, the ignorance, or the indifference of those, with whom they are occasionally inmates ; and to whom they are generally unknown. This class of persons, and it is numerous, is one of the most peculiar and interesting, for which this asylum is provided. What town, in the Commonwealth, has not some of its inhabitants, every year, exposed to the hazard of accident, or disease, in their occasional intercourse with the metropolis ? How many have perished, in past years, whom such an Institution might have saved to their friends and families ! The

want of such an Institution continuing, it is certain that many, from the same causes, must perish, in future. Cases are familiar to the inhabitants of this metropolis, and are, every year, occurring, in which persons, from the country, either surprised by accident, or by disease, with broken limbs, or labouring under some painful malady, are found, in garrets, or cellars, or in confined rooms, amid filth, and wretchedness, and noise, without comforts of any kind and far from their friends and resources. In such a situation, common charity can give little aid. Is it, then, unreasonable to expect that the liberality and wealth of the country should co-operate with those of the metropolis, in laying the foundations of an Institution, great, general, and expressly destined as an asylum from evils, to which the inhabitants of the country are exposed, in their greatest severity? Let it be remembered, that without the aid of every part of the Commonwealth, it is scarcely possible that this purpose, so desirable and so essential, can be effected; the Legislature of the Commonwealth having, expressly, made it a condition of its grant of the Old Province House, that One hundred thousand dollars shall be raised by the contribution, or donation, of private individuals. Unless, therefore, the wealth and the charity of every part of the State combine, this great fund will be lost to the object. This lost, there is no hope of ultimate success in the undertaking.

It remains only for the undersigned Trustees to explain the principle, upon which they now invite a subscription to the purposes of the Institution. That which they have adopted as the basis of the subscrip-

tion, they propose, is that *no sum subscribed shall be demanded, unless, before the first day of January, one thousand eight hundred and fifteen, the sum subscribed by individuals to the Institution, shall amount to, at least, one hundred thousand dollars.*

The ground, on which they have adopted this principle, is to remove all objections, which might occur to generous and enlightened minds, from the apprehension that the funds, they were willing to devote for the establishment of a great and permanent charity, might be diverted to one of mere temporary and occasional character, through the want of co-operation, sufficient to give a foundation to a broad and liberal Institution. The undersigned are also deeply impressed with the belief, that it would be better the proposed Institution should wholly fail, than that it should be commenced upon a cramped and niggardly scale. Much of the utility of such an establishment depends upon its *reputation*. If through the deficiency of funds, in its first stages, it cannot afford the comforts, which it presupposes; if it cannot give to the sick the retirement and repose their situation demands; if the virtuous poor, owing to the limited powers of its funds, cannot be separated from the vicious, and the facilities at once yielded, which may encourage modesty, character, and misfortune, to avail themselves of its bounties, it will soon sink in their estimation and in that of the public. In such event, the real benefits of the Institution cannot be realized. And it is obvious, that the general interests of charity must suffer from defects really resulting from the inadequacy of the funds, but which will be

apt to be attributed to the supposed inadequacy of such establishments to their purposes.

Besides, the undersigned are willing to confess, that they are not ambitious of being the guardians of a charity *merely nominal*; they are satisfied that the sum, affixed by the Legislature as the condition of its grant, is so small, when compared with the wealth of individuals and the greatness of the State, that no plea, arising from "the hardship of the times," "the general embarrassment of affairs," or "the claims of other charities," can, or ought, avail the community. If such a proposal as this fail, it will be, in the judgment of the undersigned, decisive of the fate of the establishment. It will then be apparent, that *the will is wanting* in the public, to patronize such an undertaking; and that the honor of laying the foundation of a fabric of charity, so noble and majestic, must be left for times, when a higher cast of character predominates, and to a more enlightened and sympathetic race of men.

Boston, 8th January, 1814.

T. H. PERKINS,
JOSIAH QUINCY,
DANIEL SARGENT,
S. HIGGINSON, JUN.
JOHN L. SULLIVAN,
RICHARD SULLIVAN,

TRISTRAM BARNARD,
GEORGE G. LEE,
FRANCIS C. LOWELL,
JOSEPH MAY,
JOSEPH TILDEN,
GAMALIEL BRADFORD.

THE TRUSTEES

OF THE

MASSACHUSETTS GENERAL HOSPITAL,

TO THE PUBLIC.

1816

TILESTON AND WELD, PRINTERS,

THE undersigned Trustees of the Massachusetts General Hospital are again compelled by an imperious sense of duty to supplicate in behalf of that interesting object of charity. It is now two years since they spread before the public the situation and exigencies of this institution.

In addition to the facts and general course of reasoning then communicated, it is the melancholy duty of the Trustees to state that cases are continually presented to their knowledge, indicating that the want of such an institution is not only necessary but imperious.

Every day new instances are occurring of lives sacrificed, of loss of reason, and of usefulness occasioned or protracted, and of diseases, at first easily curable, becoming fixed and fatal, by the impracticability of providing, by private and occasional charities, for the accommodation requisite to effect convalescence. Letters are subjoined, illustrative of these facts, and calculated to place in a strong point of view the necessity of such an institution. From considerations solely of personal or professional delicacy, the names both of the writers and of the patients are concealed, but the Trustees pledge themselves that the statements are from men, in their characters, private as well as professional, equal to any in the Commonwealth.

The present circumstances of the institution and of the times authorize the Trustees to vary the principle,

on which subscriptions were heretofore solicited. The legislature having, at the last session, so modified its donation of the Province House as to render it permanently independent of any specific amount of bequest, within any prescribed period, by individuals, the Trustees are now authorized and prepared to receive donations and to commence the establishment as soon as a sufficient sum authorizing such a step shall have been subscribed, and on a scale proportioned to the means, furnished by the contributors.

As it was found, on the former application to the public, that a diversity of sentiment prevailed in the community in relation to the different objects for whose relief a General Hospital is intended to apply, in the plan now offered the subscriber is at liberty to designate the particular object to which he prefers that his subscription should be appropriated.

If the subscription be for the use of the General Hospital, without other limitation, it will be considered and applied by the Trustees to the use of the General Hospital, in any of its branches or departments, at their discretion.

If on the contrary the subscription be for the hospital for the sick, or for the hospital for the insane, the Trustees pledge themselves to the public and to the subscribers that the amount of such specific benefaction shall be sacredly applied to the particular object designated, and for that purpose shall be kept distinct in their books and in all their general arrangements; and that they will proceed to commence that branch

of the Hospital which the discrimination of private munificence shall thus designate as the most worthy or interesting object of general benevolence. It being the purpose of the Trustees, should the amount of their funds authorize it, to keep these two branches of a General Hospital distinct, in separate buildings and under separate management, and in locations sufficiently distant, to preclude all inconvenience from each other.

The Trustees look with confidence for success in the present application, to the liberal and discriminating spirit of the citizens of the Commonwealth. They hope and earnestly solicit the support of the enlightened and charitable in all parts of Massachusetts. And in pursuance of this hope, they have taken the liberty to select, in different sections of the State, individuals to whose particular attention and patronage they have committed the solicitations of subscriptions in their vicinity, and from whom they request an early communication of the result of their exertions.

T. H. PERKINS,
 JOSIAH QUINCY,
 DANIEL SARGENT,
 JONATHAN PHILLIPS,
 JOHN L. SULLIVAN,
 RICHARD SULLIVAN,

TRISTRAM BARNARD,
 GEORGE G. LEE,
 FRANCIS C. LOWELL,
 JOSEPH MAY,
 JOSEPH TILDEN,
 GAMALIEL BRADFORD.

To a member of the Board of Trustees.

DEAR SIR,

I HAVE been requested by a friend, who takes a great interest in the establishment of a hospital here, to make minutes of some of those cases which so often present themselves as the objects of such an institution, and to communicate the same to you. While I can say, with truth, that few days pass over my head in which I do not feel the deepest regret that such a means of relieving distress does not exist; yet I have experienced considerable reluctance in speaking of those details of private practice which it is thought necessary to mention. When, however, it has been urged that private feeling should be made to yield to a public and most important interest, I have at length consented to trouble you with a few cases of disease in one department of the medical profession, which are perhaps not the most striking, and which I have mentioned without the addition of any of those circumstances that are calculated to excite compassion. The number which I have mentioned is necessarily very limited; but I can assure you that instances of as great suffering are occasionally witnessed by almost every physician I know, and that in my own experience such instances are constantly arising in a succession which is truly painful. Among all these, it is difficult to select such as are best fitted to display the extent of the misery of the sick poor, and I shall therefore mention those which most readily occur.

At this moment, there present themselves two poor patients, one of whom applied to me to-day, the other yesterday, who are both affected with the same disease, and both curable under proper management; but I fear neither of them under existing circumstances. One of them is a very decent hard labouring black, of this town, who has a family. This man has entirely lost the sight of one eye, and is fast losing that of the other, and will soon be totally blind. If I attempt an operation on this man, it must be done in a small, dark, and close room; and there the patient must remain two or three weeks, exposed to light, heat, and confusion, either of which would, perhaps, be sufficient to defeat the best operation. What is to be done in this case? I have no alternative, but to perform the operation and leave the rest to accident.—The other is a boy from a remote town with the same disease, in the most favourable state for operation. I offered to cure him without any expense, if he would get boarded in town three weeks; but his poverty was such as to discourage him from remaining; and he will undoubtedly be taken back, without the operation.* In some of these cases the operation has been performed with complete success; but the bad situation of the patient afterwards has exposed him to circumstances which have brought on inflammation and completely defeated the operation. These

* It gives me pleasure to mention that a very benevolent and respectable gentleman, on knowing the case of this boy, offered to assist him as far as possible; but unfortunately he was already beyond my reach.

instances of loss of sight by cataracts are so numerous, that hardly any of us ought to consider himself exempt from the danger of the disease at some period of life, and of consequence we may be more ready to feel for those who suffer this dreadful privation.

A short time since a person applied to me with a cancerous swelling, on examining, I found the complaint could be cured by an immediate operation ; but that if it was deferred the cancerous poison would extend too deep to be eradicated. On communicating this to the patient, he said that his only objection was poverty ; that he lived in the country, and had no friends nor acquaintance here to whom he could apply. I advised him to look round, as I had no doubt he could get accommodated in some way ; he left me and has not since appeared ; so that by this time his case must be irrecoverable.

It is not long since a man came to me from the District of Maine, which he had quitted for the express purpose of putting himself under my care, to get cured of one of the most difficult, painful, and yet frequent diseases ; a stricture in the urethra, or obstruction in the urinary passages. He communicated his case to me with remarkable intelligence and precision ; and informed me he had been under the care of various practitioners in remote places, who for want of that kind of habit acquired by practice, which is peculiarly necessary in this complaint, had not been able to make any progress in the cure. I found his case would require a regular treatment of between two

and three months; and after much discussion, and finding him unable to pay, although his case required considerable time, I agreed to attend him gratuitously. After a great deal of trouble and many efforts to make proper arrangements, he finally told me that he must go home and die, as it was impossible for him to remain here. I gave him the best directions I could; but firmly believe he must perish; though not until after a year or two of miserable suffering.

It has been my lot to be called on to perform the operation for the stone in the bladder four times on poor patients. They were all, as it happened, wretchedly indigent, and suffered extremely for want of proper accommodations; so that though they actually recovered, I thought it almost miraculous that either of them escaped with his life. If four more patients should present under similar circumstances, the probability would be that two, at least, would die for want of good nursing.

A very common case of misfortune is that of white swelling and with this may be connected other diseases of the joints. These can be cured, at an early stage and regularly attended; but the poor when attacked with these complaints have no asylum where they can remain quiet a number of months and submit to the necessary treatment; they therefore resist the disease so long, that it becomes incurable, and then suffer the loss of a limb, or of life.

The instances of misfortune alluded to, though few in comparison to what are actually witnessed, will per-

haps serve as a specimen of the numerous cases of suffering from diseases in the midst of poverty. There are also cases which might be relieved by a hospital, and which are not relievable by any other means than those such a benevolent institution would afford.

To a Member of the Board of Trustees.

Boston, March 21st, 1816.

DEAR SIR,

IN consequence of the conversation lately had with you, I am induced to send you a few of the facts which occur to me at the present moment, as tending to illustrate the necessity of a General Hospital, and the incompetency of any institutions at present existing among us, to supply its deficiency.

During three years, in which I was a physician to the Boston Dispensary, I was obliged to witness frequent and melancholy instances of the effects produced among the lower classes of society, by a combination of poverty and sickness. The Dispensary provides medicines and medical attendance to the sick, but nothing more. It has not the means of affording relief to many of the most urgent wants of destitute patients. The Dispensary physician is often called to persons suffering extreme distress, to whom he can afford no medical relief, because no medicines are remedies for cold and hunger.

I have visited patients in the most obscure and miserable hovels, without fire, and with the snow driving in at a multitude of crevices ; and yet have been told, that even this shelter must be abandoned because the last week's rent had not been paid. It is not uncommon for physicians to avail themselves of a privilege in the dispensary to prescribe a few ounces of arrow root or sago to patients, suffering from want of nourishment ; where bread and meat would have answered the purpose infinitely better. It has been even necessary to spend time in endeavouring to impress upon the minds of feverish and bewildered patients, the time and quantities in which to take their own medicines ; because not a single attendant was to be found, who could be intrusted with this charge. Even where the interference of the charitable has been obtained, its intentions have been frequently misapplied or frustrated, by the indiscretion of the patient's friends, the dishonesty of attendants, and above all by the intemperance of husbands and parents.

Cases of this sort, it is obvious, admit of no direct relief, except by placing the patient in a situation, where he can be insured the comforts and attendance which his condition requires, and where the control of arrangements respecting him, can be placed in the hands of proper persons.

Many instances of individual distress might be brought to exemplify the above statements. I will however mention only one, which is of a nature still different. I was called in October last, to visit Mr. —, who had

a large family ; his wife had been recently and dangerously sick. He had been long known by his employers and neighbours, as a man of industry, punctuality, and the most regular habits. He had been able to support his family in a very decent and comfortable manner. When I saw him, he had been taken suddenly insane, and was raving violently. He made a determined resistance to all attempts at confining him, became outrageous, and repeatedly escaped, not without danger to his family and others. The situation of his wife rendered it impossible that he should be kept at home, and as there were no means of defraying his board in an expensive situation he was carried to the Boston alms-house. There he was lodged in a small, dark and uncomfortable cell, without fresh air, and hardly long enough to allow him to lie down. In this situation he refused food, and was found every morning sitting naked on the straw of his crib, having divested himself of clothes during the night. He became rapidly emaciated and his strength sunk so far, that it was found necessary to remove him to the sick room, to save his life. By the humane attentions of the physician of the house, he recovered strength enough to be taken out and carried to the house of a relative, but his family having no means to support him or themselves, their situation became very wretched. At this time I furnished a statement of his case, which was presented to some charitable individuals, who subscribed about \$100 for his relief. On the strength of this he was sent to Andover, where he remained at the

last accounts. The sum subscribed will support him five or six months, at the end of which time should his lunacy continue, he must again become a miserable object of uncertain charity.

With my sincere hopes that your benevolent exertions may be successful in providing an asylum for the distressed,

I am, &c.



To a Member of the Board of Trustees.

Boston, March 20th, 1816.

DEAR SIR,

I COMPLY with great pleasure with the request made me in the course of conversation yesterday.

The cases in surgery which have appeared to me, from my own practice, to require in a very particular manner the medical attentions of a hospital, were those which were occasioned by accidents, falls, wounds, &c. Almost all the cases of this kind which have fallen under my notice, or care, have happened to the labouring class of the community—to men who in perfect health, have been able to procure only the absolute necessities of life, and who have not only been cut off from the ordinary means of support, in consequence of the injury they have suffered, but have wanted most of the necessities of sickness. The most unfortunate part of their lot however has been, that at the moment they

have met with any severe injury, the immediate spectators in the exercise of benevolence have hurried them at once to some most unsuitable place for the purpose of operation, and as soon collected medical gentlemen from all parts of the town to afford assistance. Surgical skill of course in such confusion can hardly be taken into the account, and to a greater certainty, under such circumstances, can it hardly be exerted if possessed.

Thus in an instance which fell under my notice recently, I witnessed the operation of trepanning in a part of the head most difficult for the operation, in a low room with no windows in it, and during a storm of rain and wind which made it necessary to keep the door nearly closed. The patient was extended on a low seaman's chest, and the surgeon kneeling in order to reach his patient. The patient, a fine looking, promising young sailor, died that night. Nothing can exceed the confusion that necessarily attended the whole of the operation. A great crowd, which it was impossible to disperse, the darkness, a total want of proper dressings, and various other circumstances, tended most powerfully to diminish the few chances the case afforded for relief. Now how much might have been done in a well regulated hospital, in a case which under existing circumstances could not have been attempted? A case of *mania* has recently come under my notice, accompanied by circumstances peculiarly distressing. The patient, a male, was, before the occurrence of mania, remarkable for his industry and the

comfortable circumstances in which it placed him. His wife suffered a tedious and dangerous confinement with her last child. Her husband however was remarkably self-possessed, and waited with great composure the termination of her illness. This at length was terminated favorably. A very short time after this, her husband was seized with furious mania, and escaped naked from the house. He was soon secured at the house of his mother, a few doors from his own abode. From this time till he was removed, his miserable wife, very much reduced by her illness, was within hearing of his perpetual shrieks and imprecations. This man is now in consequence of an extraordinary exertion of benevolence at an asylum for the insane in a neighbouring town. It is impossible to say in the present instance how far this case admitted of an early cure. But probably if this man had at once been removed to an asylum, where he might have received those attentions, without which in such a case the best medical treatment will often fail, this industrious individual might long before this period, have been restored to his friends, and a large family been supported by his industrious exertions. I have this day learnt that this man is in a way to recovery.

A case of what was called *spotted fever*, occurred some time since in my practice. The patient, a strong athletic man, having no connections in town, lived at board at a miserable house on a wharf. He was seized on the second day of the fever with delirium. His only attendant was a woman, with a family of small

children about her. It was utterly impossible to afford medical assistance in this case, with a shadow of probability that it would be successful. Nursing was out of the question. This man died in five days.

I will not trouble you, sir, with any more details. I can only most ardently hope that your benevolent purposes will be most perfectly successful.

1822

ADDRESS

OF

The Trustees

OF THE

MASSACHUSETTS GENERAL HOSPITAL,

TO THE

SUBSCRIBERS AND TO THE PUBLIC.

THE two branches of the Massachusetts General Hospital being now completely organized, both having received patients for some time, and all those who have had occasion, either from motives of curiosity and benevolence, or of official duty, to inquire into their situation, being well satisfied of their great utility and future success, it appears to be due to the numerous body of subscribers who have contributed towards its establishment with a remarkable cheerfulness and liberality, and equally due to the government of this state, which has manifested concerning the Hospital a munificence unequalled in the public acts of this Commonwealth, that a short account of the origin, progress, and present condition of the Institution, should be now prepared and made public. This duty

is also imposed in some degree, upon the Trustees, at the present time, by the rules and regulations which have been recently adopted for the government of the Institution.

Towards the end of the last century, a gentleman died in this town, leaving in a codicil to his will, dated April 18, 1797, a bequest in the following words: "I give to the town of Boston five thousand dollars towards the building of a Hospital, and direct my executors to pay the same to any person or persons, whom the town shall appoint to receive the same, as soon as they shall determine to begin the work." Separate from this circumstance, which was however, attended with the beneficial effect of immediately awakening the attention of the public to this important subject, there could have been no doubt in the minds of benevolent and enlightened men, of the utility, nay, absolute necessity, of a charitable establishment for the relief of the sick, in that part of these United States, of which Boston has always been justly considered the parent town; and which contained at the time to which we allude, 1,471,973 inhabitants—more especially as a Hospital had been founded in Pennsylvania as early as 1752, and another in New York in 1771. Both these establishments received great aid from government—The last named Hospital, to the amount of \$120,000. But owing to the nature of public institutions in this part of the country, it became necessary that individuals should here undertake that great work, which in some nations of the old world has been done by government, and in others by religion. As early as August, 1810, two Physicians living in this town, addressed a circular letter, in which the advantages of a Hospital were stated with force and justness, to several gentlemen of Boston, possessed of ample fortunes and disposed to contribute to institutions in which the public good was concerned. This effort was not followed by an immediate success; but it would be injustice to the zeal and perseverance which these two gentlemen have constantly displayed

in this cause, not to state, that, in consequence of their exertions and representations, the steady and powerful support and contributions of many respectable and wealthy individuals, were at that time secured, and even pledged to the accomplishment of this great work. In the beginning of the next year, fifty six gentlemen, living in different parts of the Commonwealth, were incorporated by the name of the Massachusetts General Hospital. This charter, in addition to the valuable grant made the Hospital, is another evidence of the high sense that the Legislature entertained of the value of this undertaking, and of the kindness and generosity with which they were disposed to cherish and protect it. It allowed the corporation to hold real and personal property to the amount of \$30,000 yearly income. It granted to the Hospital a fee simple in the estate of the old Province House, upon condition as enacted in a subsequent law, that 100,000 dollars should be raised by subscription within ten years—It constituted the Governor, the Lieutenant Governor, the President of the Senate, the Speaker of the House, and the two Chaplains of the Legislature, a Board of Visitors, with power to visit semi-annually, or whenever they should think it expedient. The corporation was, moreover, authorized to change its present name to that of any benefactor who should contribute a sum, exceeding the amount given by the Commonwealth, or to add the name of that benefactor who should contribute a sum equal to the amount given by the Commonwealth.

The first meeting of the corporation was held in the spring of the same year, when a system of by-laws was adopted for the government of the Institution; but Trustees were not chosen before the month of February, 1813. This country was at that time in a state of distress and embarrassment, in consequence of the foreign relations of the Federal Government; and though the Trustees were at all times diligent and watchful, they forbore collecting subscriptions and donations from the public, before the autumn of 1816,

being well satisfied that none but the most peaceful and prosperous times should be selected for the commencement of an Institution which, though in itself recommended by the strongest considerations of utility and benevolence, nevertheless required large contributions from individuals, and would probably encounter that opposition and appearance of jealousy in some portion of the community, that generally accompany all new undertakings of much magnitude.

The subscription was attended with uncommon success, and is perhaps, the most remarkable evidence of liberality and public spirit, upon record in this part of the country. One thousand and forty seven individuals subscribed, either to the Hospital, or the Insane Asylum, (many subscriptions were received for both,) in Boston, Salem, Plymouth, Charlestown, Hingham, and Chelsea, including a few subscriptions in some other towns; and of this number, two hundred and forty five contributed to the amount of one hundred dollars and above that sum—the sum required by the by-laws, to constitute a member of the corporation.

It has not been customary upon these occasions to allude with much emphasis to individuals, but this opportunity of offering a slight acknowledgment of the gratitude of the Corporation could not be passed by without doing an evident injury to the feelings of those gentlemen who are well acquainted with the nature of the donations and subscriptions. It would also betray an unbecoming insensibility to the generosity and great public spirit which were manifested for the Hospital at this time, by all classes of citizens; and it would deprive the community at large, of the value and benefit of these truly precious and meritorious examples. A legacy of five thousand dollars was at once increased to twenty thousand, by a gentleman, who has inherited the great virtues of that liberal benefactor, whom we have mentioned in the beginning of this address. Another gentleman, who has endowed a rich and valuable professorship in the University at Cambridge, bequeathed ten thousand

dollars to the Insane Asylum. A subscription of five thousand dollars was received from the Humane Society of Massachusetts—three gentlemen of this town, also contributed each the same sum—one gentleman, who has lately died, bequeathed a house to the value of six thousand dollars; and another gentleman, the reversion of an estate, supposed to be worth twenty thousand dollars. The widow is now in the enjoyment of the income of it. Indeed the Trustees are so deeply impressed with the munificent spirit which the public has manifested concerning this Institution, that they propose at some future time to publish a list of the subscribers.

In 1816, the Trustees purchased the estate at Charlestown, belonging to the late Mr. Barrell, commonly called Poplar Grove, and have there built two brick houses, besides the necessary out houses. In 1817, the Trustees purchased four acres, in a field at the west end of Boston, called Prince's Pasture, and on the 4th day of July, 1818, the Corner Stone of the present Hospital was there laid, by the Most Worshipful Grand Master of Masons in this Commonwealth, in the presence of the Governor, the Lieut. Governor, the several Humane and Charitable Societies, of the Clergy, of many persons of great dignity in public life, and of a numerous assemblage of citizens. This building was so far completed on the first of September 1821 as to be in a fit condition to receive patients.

The Hospital, now entirely finished with the exception of the interior of one wing, stands on a small eminence, at the most westerly part of Boston, open to the south, east, and west. The beautiful hills which surround Boston, are well seen from every part of the building, and the grounds on the south are washed by the waters of the bay. These grounds will be laid out into walks and gardens, as soon as the state of the funds will permit, for the purposes of amusement and exercise to the patients; in which will be included a small kitchen garden, also for relaxation, and plea-

sing and healthful occupation. In the centre, are the rooms for the Superintendent, the Apothecary, attendants, and the kitchen. In the upper part of the centre is also the operating theatre. The wings are divided into apartments for patients; those of the males being distinct from the females. The stair cases and entries are of stone. The apartments are supplied with heat by pipes from a furnace in the cellar—They are also supplied with water, by pipes running by the side of the air flues, in order to prevent freezing in winter. The Hospital is under the immediate care of the Superintendent, and it is visited and examined by a Committee of the Trustees, every Thursday. There is also a stated meeting of the Trustees, every fortnight, in the Hospital, on the general concerns of the Institution. The Physician and Surgeon, independent of their regular duties in the Hospital, will give advice to out patients, to whom medicines will also be distributed gratuitously. The Physician, Dr. Jackson, attends for this purpose, at the Hospital, on Thursdays, at 12 o'clock, and the Surgeon, Dr. Warren, at the same hour on Tuesdays and Fridays. On the latter day, persons affected with disorders in the eyes, will particularly receive medical advice.

The method of obtaining admission into the Hospital is as follows:

Application for admission, in writing, mentioning the place of residence of the patient, must be left at the Hospital. Upon the receipt of this application, the Physician or Surgeon will visit such patient, if residing in Boston; and if the patient is free from a contagious disorder, and is a fit subject for the Hospital, a certificate of admission will be granted. If such patient does not reside in Boston, the application must be accompanied with a certificate from a respectable Physician, stating that the patient is free from contagious disorder, &c. The application of the patient and the certificate of the Physician will be laid before the Visiting Committee, at their stated meeting on Thurs-

day. They will then fix the rate of board, which in the present state of the funds, cannot be less than three dollars a week; but such rate shall always be as low as the funds will permit; and the Committee will also prescribe what security shall be given for the payment of the same. The sum fixed, will include medicines, medical attendance, nursing, food, and every other expense.

In case of accidents in the streets, or elsewhere, or of sudden disease, the Hospital will be open for the receiving of patients, without delay, both day and night, and no written application will be required. A Trustee, or the Physician, or Surgeon may, at any time, dispense with the written application, and cause any patient to be admitted by an order. The Hospital is also open to strangers and persons from all parts of the Commonwealth, who will receive all possible attention, at a rate of board as low as the funds will permit.

The Trustees will here introduce a report from the Physician, Dr. Jackson, and another from the Surgeon, Dr. Warren, concerning the state of the Hospital, in their respective departments.

To the Trustees of the Mass. Gen. Hospital.

GENTLEMEN.....In making a report respecting the patients, who have been admitted under the care of the Physician in the Massachusetts General Hospital during the six months since it was opened, a few prefatory remarks may not be deemed improper.

The patients in a Hospital can never fairly be compared with an equal number of patients under the private care of a Physician. It will never happen that patients will resort to a Hospital for every trifling complaint. The Hospital cases will always consist in a great proportion of grave, aggravated and protracted diseases; of many, which have resisted remedies under the disadvantages, to which the sick are often exposed, and which have been increased by the want of care

arising from poverty and negligence. These remarks must always apply with peculiar force to a general Hospital, when first opened for the reception of the sick. Such an institution, indeed, offers great advantages to persons in the first stages of disease; because it affords them at once, rest and freedom from care, with accommodations, which even money will not always command immediately, for strangers and persons not in their own houses. But the healthy do not think of these advantages; and persons who are taken sick do not realize the importance of them, until after painful experience. It is only after a Hospital has been long established, that such patients will often enter it in the first days of their sickness.

It has happened accordingly, that among the few patients received into the Massachusetts General Hospital, since the first of September, 1821, there have been more cases of difficult and rare disease than occur in the private practice of a Physician in extensive business during a year.

An exhibition of the number of patients and the result of the treatment of them, since the Hospital was opened, might produce impressions less favorable than would be just, if the circumstances above stated were not duly estimated.

On the other hand it is true, that in a Hospital there are advantages in the treatment of the sick, which are not often enjoyed in private practice. Under the liberal arrangements of our Hospital, in which the welfare of the patients is the only object, I have realized the advantages to be greater even than I had anticipated. Accordingly, obstinate diseases have yielded more readily than I have commonly found them to do in private practice. How true this is can be judged only by Physicians of experience, when made acquainted with the facts.

I now proceed to give a statement of the cases, which have been under my care during the last six months, that is, since the Hospital was opened for the reception of the sick.

There has been one case of cough and difficulty of breathing, arising from *aneurism of the aorta*. The patient, when he entered the Hospital and for some time afterwards, was incapable of any exertion, such especially as walking up stairs, without great difficulty of breathing. The aneurism of the aorta is an incurable complaint. But the disease was so far relieved that the patient was well, to common observation, nearly a month before he was discharged. This case has terminated in sudden death since the patient left us. This issue was inevitable; but it would probably have occurred much earlier without the relief, which the Hospital afforded.

There has been one case of a peculiar spasmodic affection in a respectable female, from the country. The disease had existed for two years. The patient suffered much distress at night, preventing her from getting sleep, and was unable to walk with ease, or to use her hands about any work. During four weeks her disease was very much diminished, so that she as well as myself was very greatly encouraged. Unfortunately she was obliged to return to her friends at the expiration of this period. She did so, full of gratitude for the benefits she had experienced.

There have been two patients affected with *chronic diarrhœa*. One of these contracted this obstinate disease the year before in the East Indies, and was exceedingly reduced. At the end of two or three weeks after he was admitted, the disease was beginning to yield; but his pecuniary means were insufficient to permit him to remain in the Hospital, and he was discharged at his own request, though with great reluctance on his part and on mine. At that time, there was not a single bed allotted to poor patients.

The other patient under this disease was also threatened with pulmonary consumption. He was relieved in one week, and discharged without any symptom of disease, in less than three weeks. His disease had existed for several months, and he had been under the care of a respectable Physician, but

without the advantages, which the Hospital affords. His case illustrated very strongly the amount of those advantages.

One case of very obstinate secondary *syphilis*, of long standing, has been cured. Another case of the same description, in which caries of the bones had taken place, under which the patient had been greatly reduced, has yielded in a good measure, and the general health of the unfortunate sufferer has much improved. A third case of the same kind has been recently admitted, and is now yielding very kindly.

Two patients have been admitted, with acute *bronchitis*, a kind of inflammation of the lungs. In both of them the disease was severe and already well established. The first, a female, had lost her voice and was affected with a distressing cough. She was discharged well in ten days. The second has been received within six days. From the circumstances, under which he had been placed, his disease had assumed a most unfavorable character, so that at first I nearly despaired of his recovery. A respectable Physician, who had seen him in consultation out of the Hospital, had declared his case desperate. In forty eight hours after his admission he was out of danger and is now, in six days, nearly well. The great amendment in this case was produced most obviously by the removal of the patient from a small chamber in a filthy boarding house to the pure air and clean apartments of the Hospital.

There has been one severe case of acute *hysteritis*, (inflammation of the *uterus*) the subject of which was completely relieved and discharged well in five days.

Besides the three cases already mentioned, as remaining in the Hospital, there are six others now under my care.

The first of these is a case, which has never been described by medical writers, but which my own previous observations had made me acquainted with. It is marked by a very painful affection of the extremities, an inability of using them freely, and some other

symptoms. It is induced by indulgence in the use of ardent spirits, and is commonly fatal. The restraint upon this indulgence, which the Hospital has enabled us to exercise, and to which the patient has willingly submitted, with the remedies employed, has relieved the sufferings entirely, and the limbs are recovering their power. In a few weeks more, I trust that the patient may return to his usual employment.

The second is a case of *diabetes*. This disease, not a case of the worst description, has subsided, and the patient is nearly strong enough to return to his labors.

The third and fourth are cases of *pulmonary consumption*. One of these is of two years duration, and is of the worst kind. The patient must shortly die. The other, though nearly of the same duration, is not of so bad a character, and some hopes may be entertained of a recovery.

The fifth is a case of *hypochondriasis*, of a very obstinate character, and has recently been admitted.

The sixth is also a case recently admitted, though the disease is of long standing. It is a very severe case of *lepra vulgaris* (leprosy,) in which the skin of almost every part of the body is affected.

It is not proper to close this account, without mentioning the only case which has terminated fatally, under my care in the Hospital. This was a very severe case of *lung fever*. The patient was in great suffering, and in the last stage of the disease, when admitted. I saw him only once. He died in twelve hours after he entered the house.

As I understand that the object of the Trustees at this time is, to ascertain the advantages, which experience has shewn to exist in the Hospital, I have made this detailed report of the cases which have been under my care. A mere table of cases, with the times of admission, discharge, &c. would not have answered the purpose in view. In displaying the benefits, which the patients have derived from the Institution, I am sure that I shall not be suspected of the desire to exhibit my own treatment of them to advantage. My

object has been to show, what I am convinced is true, that the benefits of the Hospital arise from the proper application and use of remedies, and from a due regulation of the patients. These benefits, without any fault of the patient, are oftentimes unattainable in the same degree, in private practice.

I am, &c.

JAMES JACKSON.

BOSTON, MARCH 6, 1832.

To the Trustees of the Mass. Gen. Hospital.

GENTLEMEN.....Having been requested to give an account of the surgical cases, which have come under my care in the Hospital, I have the honor to lay before you the following statement. Some of these cases are of such a nature, as not to admit of a distinct explanation in a public report. If therefore, any one should not appear to be stated with sufficient clearness, you will attribute the obscurity to the peculiarity of the disorder.

Since the Hospital has been opened, for the admission of patients, three *capital operations* have been performed there and four of inferior importance.

Of the former description, the first was the operation for *Lithotomy*. The patient recovered, and has returned in safety to his friends.

The second, was the operation for *Popliteal Aneurysin*. The disease consists in an enlargement of the great artery of the ham, attended with violent pain; and if left to itself, it ultimately proves fatal, either by the bursting of the diseased artery, or the mortification of the limb. The subject was an industrious female belonging to Boston. The operation for this disease was performed soon after the patient entered the Hospital. The event was favorable, and she has since been able to resume her former occupations.

The third capital operation was rendered necessary in consequence of an accident. This patient had his leg crushed by the fall of a cart. His constitution was impaired by the use of ardent spirits, and when he was brought to the Hospital, he was in a state of delirium. The limb mortified, the broken bones were exposed, and after various efforts to relieve him without removing the limb, it was thought necessary to take the opinion of the Consulting Physicians. These gentlemen agreed that the prospect of saving the patient's life was extremely small; but that it would be impossible to save the limb. In order to afford him some chance for recovery, they advised the amputation of the part. This operation was performed; and for some days the appearance of the patient was improved; but being upwards of 60 years old and with a broken constitution, in about a week or ten days after he sunk from debility.

Of the second description of operations, the first performed was, that for *Prolapsus Ani*. The patient had suffered greatly for a number of years. The disease being removed, he was immediately relieved. Having also a stricture of the rectum, this disorder was treated and so far subdued, as to enable the patient to manage the applications necessary to prevent the complaint from becoming dangerous.

The second was for *Fistula*. The patient was thoroughly cured.

Third. *Phymosis*. The patient has recovered and is under treatment for another disorder.

Fourth. Extraction of a *Tumour*, or Wen from the neck. The wound nearly healed by the first dressing; and the patient went home in a few days after.

Three cases of fractures have been received, besides that which required amputation. The subject of the first, was a domestic, who had broken her leg by a fall on the ice. In about three weeks, the bones had united, and in four, she was able to walk.

Second. Fracture of the thigh, with compound fracture of the leg in the same limb. This case was

managed according to the plan of Desault, by the machine improved by Dr. Flagg of Boston. The cure was rapid. On the 17th day, the thigh bone had united—By the 24th the bones of the leg were firm, and the wound in the flesh was healed. The limb retained its natural length, and was free from distortion or deformity.

The third case of fracture, was brought in on the 8th of March. The accident occurred four days previous. The patient has been in a state of delirium since; and while at home, got out of bed, and attempted to walk on the broken limb. In consequence of this, the whole leg is deeply discolored, the skin torn off, and the appearances such as to threaten mortification and abscesses throughout the leg. The patient's constitution being bad, it is scarcely to be expected that he can recover.

A person came to the Hospital for the purpose of having some effort made to restore a dislocation of the hip joint. He had met with this accident three months before; and there being, in such cases, no probability, nor scarcely possibility, of reducing the bone, he was told that his case was past the reach of surgical aid; but that if he desired, he might have efforts made with a view to give him a fair trial for the restoration of his limb. The most powerful means were employed for this purpose: the success was no better than what had been expected and promised. He left the Hospital in the same state in which he entered it.

Of two cases of *Structure of the Urethra*, one has been greatly relieved, the other continues under treatment. The subject of the first was compelled to leave the Hospital before he was entirely cured for want of money. He was however in a state of comfort compared to that he had before been in; and he received such instructions as would enable him to prosecute the treatment, under the care of his Physician, at a distance from Boston. The patient remaining has been tormented for a great number of years; being advanced in life, and his complaint of long standing and long

neglected, there is no probability that we shall be able to subdue a disorder, which at an earlier stage might have been cured with certainty.

In a long continued case of *Hernia Humoralis*, the patient was so much relieved as to be able to resume his business. His anxiety to avoid expense led him to quit the place before he was wholly cured.

Injury of the Spine, occasioned by the fall of a bank of earth. The subject was severely injured, and fears were entertained of an incurable hurt of the spinal marrow. He however recovered perfectly.

There is now in the Hospital a patient affected with an ulcerated foot, which has been a source of great suffering for the last two years, and frequently has prevented her pursuing those labors on which her subsistence depended. Since she has been here, the disease has assumed a favorable appearance, and by following the treatment to which she is now subjected, there is no doubt of a thorough and permanent cure.

The following diseases in the eyes are also still under treatment. An orphan child, of eleven years old, affected with an eruption on the face, extending to the eyes, and producing blindness and great suffering. She has been five years in this state. Her face, since her treatment in the Hospital, has become clear, her eyes are free from pain, and bear some use; and we have reason to hope she will be soon free from complaint, and able to undertake some useful labor.

The other has been affected with *Iritis*, a deep seated inflammation of the eye, accompanied with intense pain, and an entire inability of using the eyes or supporting the light. At the time of his admission, his eyes were on the point of perishing. In a few days after he had begun the proper treatment, his pains left him, his sight is now restored, and in no long time he will be free from disease.

There is also at present in the Hospital, a patient who had both feet frozen during the severe cold weather in January. The dead parts have been removed, that portion of the feet which remains has a

healthy action, and will ultimately heal, though by a very slow process.

The above statement comprehends, I believe, all the cases, favorable and unfavorable, which have been under surgical treatment in the Hospital. I have only to add, that the advantages for the treatment of these cases have been much greater than the patients would have obtained in private houses, and that the cures have generally been more rapid than they could have been had the patients not entered the Hospital.

I am, &c.

J. C. WARREN.

BOSTON, MARCH 10, 1822.

We entreat all those into whose hands this address may fall, to reflect well upon the advantages which this Institution offers—more especially we appeal to those, who, like some of us, are not altogether unacquainted with sights of sickness and suffering amongst the poorer classes. We beg all to consider what misery is daily experienced from the want of room and attendance, and from bad air and food; and how little those can be prepared for sickness, who even in good health and with constant labor, are just able to earn a tolerable subsistence for their families. Again, we ask those who are led by duty or humanity to visit the sick, what is the condition of poor persons, when overtaken by sudden and painful diseases, or afflicted with tedious and uncertain ones? What, under such circumstances, is the situation of their wives and children, and what means have their families of nursing and supplying them with proper food and medicines? They surely cannot be ignorant that whether the poor man escapes by death, from the sight of those calamities which he has brought upon his unhappy family, or whether he lives on through disease and despair, to witness and partake in them, one single fit of sickness, even if it does not utterly ruin him, commonly gives him a check from which he seldom recovers during

his whole life; and the evil effects of which are seen to the last hour in the poverty or perhaps the vice and depravity of his wife and children. Ask the numerous Charitable Societies in this town, that distribute food, wood, clothes, and medicines, what principally makes the poor—is it imprudence?—is it want of labor?—is it dearness of the necessaries of life? No—it is sickness. Ask the members of the Howard Benevolent Society, who personally visit the sick, and who have not assumed that name for fashionable and ostentatious purposes. They will tell you—it is sickness. They who lived in the early ages of our religion, well knew this; and one of their most blessed cares, as well as highest christian virtues, was to found Hospitals for the sick, a description of public charity unknown to heathen or pagan nations. We feel well assured that sickness, at least in this part of our country, is the principal cause of poverty, and often of much worse consequences. Where then shall the poor sick amongst us go? The Alms House was not intended for them; and though at this time possessing no accommodations whatever, it is usually encumbered with at least fifty patients—the Dispensary furnishes only medicine and medical attendance. We offer to you then the Hospital; and we cannot deceive ourselves when we say that you will find there clean apartments, well heated and well aired; kind nurses, whose only duty and occupation it is to watch and provide for the sick; proper and nourishing food; rest and tranquility; and a removal from those sights of distress, poverty and despair, in the midst of which a poor man's wife and children are suffering and sinking, which always make his sickness so cruel and severe, and his cure so tedious, uncertain and expensive. In the Hospital there is no family deranged and thrown into distress and confusion, when any of their number happens to fall sick—no patient waiting in wretchedness till physicians, or medicine, or nurses, can be found, harrassed and disturbed by the noise and bustle of his house, and the anxiety and ignorance and concern of those about him.

On the contrary, physicians, nurses, medicines, and food, are ready at any moment, night and day. In private houses it is often impossible, from a great variety of causes, to procure for a patient a suitable kind of food, and to confine him to the exclusive use of it; but in the Hospital it is obvious that any kind of food can be furnished, and as the patient is constantly in the presence of his nurses, it is out of his power to deviate from it.

For one moment more we entreat your attention to a class of persons whose importance in society, independent of all considerations of humanity, lays a moral obligation upon every good man to use his endeavors to encourage and protect them. We are about to speak of those young men in this town just beginning life, who often from too great ardor, industry, and too vehement a desire of success in their trade or craft, fall sick, get in debt to landlords, physicians, nurses, and finally abandon themselves to drinking and vice and debauchery. These young men the Hospital would save. There proper care would be taken of them, and they would be restored to their occupations free from debt and disease and distress of mind. We solicit from you contributions for the sake of those persons whose sufferings cannot now be doubted, whose health and morals are now often wasted and destroyed, and of whom many were born to be good fathers and brothers and citizens. As they now live and suffer and perish, it rarely falls to your lot to be able to succour and comfort them. But we offer you in the Hospital a means of exercising those charitable propensities with which most men are endued, and as you cannot doubt but that there is a great deal of suffering and sickness of which you never hear and which is never relieved, you may fail to perform those duties which your religion, reason and humanity enjoin upon you, in listening with indifference to a charitable appeal, pure and unexceptionable in its objects and manner of dispensation.

Though the Trustees have appropriated six beds to

poor patients, they possess at this time no funds to provide for that expense, but they have thought proper to do it in a just expectation that the Hospital would be remunerated by the generosity of the public. The claims of the poor where they become known are irresistible. They are always assisted, but often improperly and at great expense. The Hospital furnishes just the assistance which is needed and at a cheap rate. Twenty persons subscribing only five dollars each, will enable the Trustees to appropriate such accommodations to the poor as to relieve and cure upon an average fifteen patients throughout the year. Surely this is a small sacrifice for the suffering which it always mitigates, and for the virtue and morality which it often preserves.

Though medicines and medical advice are always given and administered free from charge, by which arrangement more than two thirds of the whole expense of most fits of sickness will be saved, it is nevertheless true that the Hospital offers peculiar advantages to those who require surgical operations. The most wealthy individual in this town cannot obtain in his own house the comforts and conveniences which every man possesses in this particular at the Hospital. There is a room expressly prepared for this purpose, with a light adapted to surgical operations, and in case of accident or emergency, there are instruments, dressings, medicines and skilful attendants, all within call and reach of the operator. And also in case of pain or accident following an operation there is always a Physician in the place ready to administer relief both day and night. This is a privilege not enjoyed in private houses. The success of many operations, particularly those of the eye, depends upon the attention, exactness and constancy with which the patient is watched and nursed. Different difficult operations have already been performed with perfect success. The Trustees consider this the most favorable arrangement in the Hospital, and one upon which great value deserves to be placed. No

expense whatever attends the most complicated and protracted ones. And it is a consideration which deserves great weight that many of these operations performed in a private house would absorb many months earnings of the most industrious men.

The situation of the Hospital as well as the Asylum for the Insane allows it to be approached by water by all the New England States which border upon the ocean—Patients have already been received not only from the State of Maine, but from New Hampshire, Rhode Island, Connecticut, and even from Vermont, and many from the interior of our own state.

The Trustees are desirous to make the Institution well known throughout this Commonwealth, and to offer all its advantages to persons in the country for whose use it was always intended. They believe that it would be found truly useful to that class of invalids, who are afflicted with long standing and painful complaints, considered as incurable and who look only to death for a release from their sufferings. Many of those maladies might be cured at once by a surgical operation, which, it often happens, no professional man is willing to undertake in the country and which indeed require such expensive apparatus as can be found only in large public establishments.

The Trustees are not distinctly aware that any disadvantageous or unfounded impressions exist in the minds of any portion of the community in relation to the Hospital and though the purpose of this address is to present a brief statement of the present condition of that Institution, yet they are desirous that the public should be possessed of a full and exact knowledge of its objects and merits. All persons, whatever may be their situation, who employ Physicians, must depend for their safety upon the humanity and integrity of the practitioner; but those in a Hospital have the additional security of being protected by that regard that almost every man has to his own reputation. Doubtless all honorable Physicians, though in reality they are governed by much loftier considerations, neverthe-

less derive great satisfaction from a successful practice ; but if a Physician should be utterly destitute of honor, integrity and humanity and should consider a human body merely as a subject of operation and experiment, what patients would he be most likely to select for those purposes ? Certainly it is reasonable to suppose that he would select patients who were only seen by a few friends, entirely ignorant of the medical art, to whom no other Physician could have access and upon whom experiments and operations could be repeated till the unhappy person was relieved from this cruelty and persecution by death, which, as it is a common incident of sickness, would awaken no other emotions than those of grief and sorrow. In all other walks of life we find men carefully choosing the greatest secrecy and privacy for the commission of crimes. And certainly it is not reasonable to suppose that a public Hospital would be selected for these wicked and inhuman practices. Not an operation is performed but in the presence of many individuals—Not a medicine prepared but by a written prescription, which is placed upon record—Not a patient remains in the Hospital who is not seen and personally examined by a Committee of the Trustees once every week. Every stage of the disease, every medical application, every change of food is noted in a book, and these are kept for the inspection of the Board of Visitors, of the Trustees, and of the public. If Physicians or Surgeons should perform wanton and cruel experiments and operations under such circumstances, it can only be when they, the Trustees and the Medical Students have entered into a base and unprincipled conspiracy and combination against the lives of suffering and confiding patients, against the sacred trust over which they have been publicly placed, and against the rights and feelings of the humane and benevolent.

Under this part of the address, it may be mentioned with great propriety, that the Hospital will be useful to those young men who are preparing for the practice of medicine. It has not often been thought

necessary to say much in defence of education in a country, which has in reality no other constitution and bill of rights than that public opinion which is preserved, fortified and purified by education, and upon which depend the value and security of all lives, all liberty and all property. But those of our young men, who have had the means to undertake such an expense, have heretofore gone to the southern cities or to European ones for medical instruction. And it is at once apparent that possessing a Medical School in the bosom of our own land will spare much expense to those who are affluent, and will enable many more, who are not so, to obtain a good education. Medicine and surgery least of all the learned professions can be learnt in books. They require practice and observation of living subjects. The Hospital offers to the eye of the students under the direction of a skilful professor a great variety of diseases and complaints and in a great variety of stages. What, therefore, is the consequence? Young men are sent forth into the sea-port and interior towns acquainted from personal observation with the nature of diseases; and those Physicians, to whom necessity compels us to entrust the lives of our wives and children, do not witness patients for the first time in our chambers nor apply their first remedies to those whose health is so precious to us. We have established Botanical Gardens to instruct students in the art of discriminating those plants which may be useful in sickness—Shall we not establish a Hospital to instruct the same students in the art of discriminating those diseases to which these plants may be applied? Many of our young men pass months at great expense in foreign Hospitals for the purpose of studying those maladies to which the human body is subject. Is it not better that our own country should furnish them with the facility and advantage of acquiring a knowledge of those diseases with which our climate is beset and which perhaps in every other climate present many shades of difference and require a peculiarity of treatment.

Every medical man in this state has upon an average the care of the sick in every eight hundred persons, and it appears to be an irresistible conclusion that in proportion as medical education is obtained, health in others will be enjoyed and money saved. - No tax is paid with so much cheerfulness in this Commonwealth as that for education, and most people are willing to contribute large sums of money for good instructors for their children. It would therefore seem truly inconsistent and unaccountable that the sick should not be aware of the advantages of having well educated Physicians, and that those who are now well should not be willing to pay a small tax for the sake of having a man well acquainted with the medical art to take care of them when they are sick. In consequence of this arrangement the Trustees have been enabled to obtain the gratuitous services of Physicians and Surgeons amongst the most eminent in their profession.

The Asylum for the Insane stands in Charlestown, upon one of the most beautiful spots in the vicinity of Boston. It was formerly the estate of a gentleman of great wealth in this town and was purchased by him on account of the salubrity of the air and the extent and variety of the view. The Trustees have however to lament the same want of funds in the Asylum as in the Hospital. They have not yet been enabled to receive any free patients and though the board has been fixed as low as the income of the Asylum could allow, several patients have been withdrawn on account of the expense. This circumstance has awakened the deepest regret. And as it is now well ascertained that insanity is a curable complaint, requiring the mildest and most uniform treatment continued in obstinate cases for a course of many months, and as it cannot be doubted but that the greatest degree of suffering is experienced not only by those, who are afflicted with this dreadful disease, but by all connected with such persons when living in private houses in want of comforts, attendants and often subjected to fatal and cruel restraints, the Trustees indulge strong hopes of receiving

sufficient subscriptions to enable them to support poor patients in the Asylum. It may be remarked here with great propriety that the Attendants in the Asylum are selected with the utmost care and circumspection. The principle of the system of treatment being to employ a mild, gentle and most especially a uniform course of conduct, it is particularly important that those, who have the constant and immediate care of the patients, should possess amiable dispositions and soundness and maturity of judgment. All the Attendants have been selected with a particular reference to those qualities; they have been persons from the country whose characters were well known; and in general they have been employed in keeping schools.

The Trustees earnestly recommend to the careful attention of the reader the report of Dr. Wyman, with which they shall conclude this part of the address.

“The Physician and Superintendant would respectfully submit to the Trustees of the Massachusetts General Hospital a few remarks upon the state of the Asylum, during the first triennial term, including also the quarter year commencing October 1st, 1818.

The opening of a public institution for the management and cure for lunatics was the commencement of an experiment, untried in New England. Although some medical gentlemen had acquired reputation in curing insanity, yet in this part of our country the disease had been generally believed to be incurable. Lunatics have, therefore, been most commonly doomed to long and severe confinement to secure them and their friends from personal violence. Many, who have adopted a more correct opinion, have been deterred from sending from home their lunatic friends by a belief that harsh and severe treatment, exciting fear and terror, would be thought most beneficial. It is too true, that such treatment, in time not long past, has been approved and often advised by medical men. An entire revolution of opinion, respecting the treatment

of lunatics, has been produced. This change of opinion is pervading the public mind; but its progress is slow.

Under these circumstances, the number of boarders in the infancy of the Institution was not expected to be large. It was foreseen, that those lunatics, who had exhausted the patience of their friends by the long continuance and severity of their maladies, would be the subjects first to be received. Until the Institution had acquired age and the confidence of the public, it was not to be expected that persons becoming insane would be sent immediately to the Asylum.

From October 1st, 1818, when the Asylum was first opened for the reception of boarders, to December 31st, 1821, there have been received:

	MALES.	FEMALES.	TOTAL.
Unfit subjects, - -	2	1	3
Recent cases, - -	29	21	50
Old cases, - - -	65	31	96
Total, - - - -	96	53	149

Unfit subjects were persons not insane. In recent cases, insanity had existed less than one year, and in old cases, the patient had been insane for one or more years.

From October 1st, 1818, to December 31st, 1821, there have been removed:

	MALES.	FEMALES.	TOTAL.
Unfit, - - - -	1	2	3
Eloped, - - -	5	1	6
Died, - - - -	5	4	9
By request, - -	18	11	29
Improved, - - -	17	6	23
Much improved, -	12	7	19
Cured, - - - -	22	10	32
Total, - - - -	80	41	121
Remain, - - - -	16	12	28

Died of Hydrocephelus, 2. Consumption, 2. Sud-

denly, 1. Apoplexy, 1. Inflammation of lungs, 1. Abstinence, 1. And one other, who died *in two days after being received of inflammation of the brain.*—Total, 9.

Of those who have been encouraged to seek relief for their friends in this Asylum a great proportion have supposed, that a few days or weeks were quite sufficient to determine the probability of cure. Perceiving no improvement in so short a time, and fearing the accumulation of expense, they have abandoned the use of means, and trusted to the efforts of nature for the termination of a disease the most dreadful and the most humiliating. These efforts are necessarily counteracted at home by confinement in small apartments, which no ordinary attention can render clean and warm, or supply with pure air. From this mistake in the necessary time and this fear of expense, the usual term of residence of boarders at the Asylum little accords with the customary periods in other Institutions. The whole number removed is 121, of these, remained in the Asylum,

From 2 to 28 days, - - - - -	13
“ 1 to 3 months, - - - - -	61
“ 4 to 6 “ - - - - -	20
“ 7 to 10 “ - - - - -	19
“ 11 to 13 “ - - - - -	8
Total, - - - - -	121

It is asserted by a late writer,* (A. D. 1817,) “that as many lunatics were discharged from the French Hospitals cured in the second and succeeding years, as were recovered the *first year of trial*. The report made to the General Committee of the French Hospitals and published by authority verifies this statement. Dr. Esquirol too reports, that, of 2804 lunatics admitted into La Salpetriere between the years 1804 and 1813, 604 were cured in the first year, 502 in the second, 86 in the third, and 41 in the fourth year.” Thence Dr. Esquirol determines, “that the

* Dr. G. M. Burrows' Inquiry, &c. page 142.

medium term of cure is little less than a year; but that no period should permit of despair of recovery."

In forming an estimate of the utility of this Institution, and ascertaining the proportion of cures, it is very obvious, that the unfit subjects and those who eloped should be taken from the whole number. It should also be considered that some boarders, who had eloped from their friends, have been sent to the Asylum as a place of safe keeping, until a convenient opportunity to remove them home should be offered. For others, the establishment has been considered a comfortable winter residence, where the boarders would enjoy the benefits of apartments well warmed, well ventilated, and free from the dangers of fire, which could not be provided in a private house without great expense. Of 149 boarders received, 3 were not considered insane, and discharged accordingly. 96 had been subjects of insanity from 1 to 24 years, and in nearly the whole of the remaining 50, insanity had existed from 3 to 12 months. Of 121 removed, only 8 resided here 11 months, which is less than the average term of cure in Paris, as stated by Dr. Esquirol. Those removed by request (29) were not improved. Those improved (23) and those much improved (19) were also taken away by request of their friends, who believed they had recovered so much as to be manageable at home, and that a cure would be completed without additional expense. Of these, 6 continued to improve, and recovered in a few weeks. They and others would have been added to the number of cured, had they remained at the Asylum a reasonable time. Many, however, ceased to improve at home, and some relapsed into their former states of disease.

It is believed the public have much to learn respecting lunatics—that insanity is curable—that a few weeks or months are not sufficient for a reasonable trial—that medical treatment and moral management are both important in all cases—that absence from home is always indispensable—that a lunatic at home perceives he is watched and followed in every move-

ment, and deems every restraint to be an act of tyranny and usurpation; producing hatred towards nearest relatives and dearest friends—that the amusements provided in establishments for lunatics, as draughts, chess, backgammon, nine pins, swinging, sawing wood, gardening, reading, writing, music, &c. divert the attention from unpleasant subjects of thought, and afford exercise both of body and mind—that even the conversation of lunatics with each other, in some cases, convinces them of the absurdity of their opinions and produces a cure—that lunatics very soon and almost insensibly conform to the rules and regulations which they perceive to be observed by their fellow boarders—that regularity in the time and manner of taking food and using exercise, retiring to bed and rising at seasonable hours, observing the restraints imposed for acts of violence, feeling a necessity of conducting with propriety, living under a system of rules and regulations for every thing, have a powerful effect in tranquilizing the mind, breaking up wrong associations of ideas, and inducing correct habits of thinking as well as acting; and finally, that lunatics are not insensible to kind treatment, that whips and chains are forever banished from every well regulated Asylum for the Insane, and that kindness and humanity have succeeded to severity and cruelty.

The Trustees may feel assured that the attendants are entitled to much credit for their kindness and attention to the boarders under their care.

I am, &c.

RUFUS WYMAN.

ASYLUM FOR THE INSANE, CHARLESTOWN, JAN. 10, 1822.

The Trustees now offer to those disposed to aid and promote the valuable objects of the Massachusetts General Hospital the two following schemes of subscription:

First—A subscription of one hundred dollars and upwards constituting the subscriber a member of the corporation, and *second*, an annual subscription of five dollars. The Trustees likewise subjoin the form of bequest to this Institution, “I give and bequeath to the Massachusetts General Hospital in the City of Boston the sum of dollars or the estate or the property.”

Every bequest shall be sacredly appropriated in exact conformity to the will or wishes of the testator. Charitable establishments in a country in which most men are engaged in some profession or occupation and stand in need of all their capital, depend with great reason, fitness and safety upon this source of patronage. Most institutions in England as well Hospitals as Poor Houses have been endowed and supported by the legacies of charitable persons.

The Trustees once more recommend this important subject to the attentive consideration of the public. The Hospital and the Asylum for the Insane are in excellent order and those parts, which are finished, in perfect operation. They have been erected at a great expense; but upon every consideration of just economy and of true benevolence, it was thought proper and expedient that an Institution, which was intended to be an ornament to New England for many ages to come and at all times a means of relief and succour to the distressed in body or in mind, should be spacious, uniting every possible comfort and convenience, substantial, and built of materials, that would last to the most distant posterity.

It is for the purpose of finishing the interior of the buildings and of making such arrangements concerning the grounds as the object and beauty of the Institution require that the Trustees are led, in connection

with the other important objects of this address, to solicit donations and subscriptions at this time from the public. Again, we intreat those, who have doubts concerning the utility of the Institution or who may be disposed to assist it, to come and visit the Hospital, to examine the proceedings of its Trustees and Physicians, and to inspect the wards and visit the sick with our Committees.

JOSEPH MAY,
GAMALIEL BRADFORD,
RICHARD SULLIVAN,
EBENEZER FRANCIS,
JOSEPH COOLIDGE,
JONATHAN PHILLIPS,
JOSEPH HEAD,
SAMUEL APPLETON,
THOMAS W. WARD,
JOHN BELKNAP,
DANIEL P. PARKER,
THEODORE LYMAN, JUN.

Trustees.

Massachusetts General Hospital, March, 1822.

THE following statement of the pecuniary concerns of the Massachusetts General Hospital, from the commencement to the present period, is respectfully submitted to the Trustees.

Donations to the Institution have been received under three limitations, and great care has been taken in the Treasury Books to keep each class distinct so as to meet the intentions of the benefactors.

One portion of them was bestowed subject to the disposition of the Trustees.....viz.

The Province House and Lands, valued at	-	-	\$40,000 00
A House and Land in Boylston Court, valued at	-	-	6,000 00
Six shares in the Worcester Turnpike, which at the time were valued at \$900, but are not now worth more than	-	-	200 00
One share in the Athenæum, valued at	-	-	200 00
Donations in money, amounting to	-	-	28,199 87
			74,599 87

Another portion was bestowed exclusively for the use and benefit of the Massachusetts General Hospital.....viz.

Donations in money, amounting to	-	-	73,809 29
The other portion was bestowed for the use of the Asylum for the Insane.....viz.	-	-	-
Donations in money, amounting to	-	-	53,997 47
Whole amount	-	-	<u>\$202,406 63</u>

Of these donations in money, there have been expended, as follows:

For the purchase of land in Boston, and for the erection of the General Hospital, the sum of	-	-	-	-	\$94,352 29
For the purchase of land and buildings in Charlestown, and for the erection of other buildings as an Asylum for the Insane, the sum of	-	-	-	-	89,821 16
Whole amount expended	-	-	-	-	<u>\$184,173 45</u>

Property belonging to the Corporation, and remaining at the disposition of the Trustees:					
The Province House, as an annuity fund, estimated at \$40,000.....	Annual income.....	2,000 00			
House in Boylston Court,	"	"	6,000	"	400 00
Worcester Turnpike Shares,	"	"	200	"	12 00
Share in the Athenæum,	"	"	200	"	00 00
			<u>\$46,400</u>		<u>\$2,412 00</u>

The following sums have been borrowed, and are now due from the Corporation.....viz.

To the Provident Institution,	-	-	-	-	\$12,000 00
" Mrs. Mary Hall,	-	-	-	-	700 00
" the Executors of the estate of Thomas Oliver, deceased,	-	-	-	-	400 00
" Joseph Coolidge, Esquire,	-	-	-	-	2,750 00
" Mrs. M. A. Cary,	-	-	-	-	1,000 00
" Ebenezer Francis, Esquire,	-	-	-	-	3,000 00
					<u>\$19,850 00</u>

It will be perceived that the annual income of the property of the Corporation, after deducting interest on money borrowed, is not sufficient to pay the salaries of the Superintendants.

NATH'L P. RUSSELL, *Treasurer.*

BOSTON, MARCH 14, 1832.

APPENDIX.....No. 2.

STATEMENT of the annual expenditure at the Hospital :

Superintendant,	-	-	-	-	-	-	\$500 00
Wages,	-	-	-	-	-	-	616 00
Furniture,	-	-	-	-	-	-	240 00
Stores,	-	-	-	-	-	-	1,560 00
Stationary,	-	-	-	-	-	-	60 00
Fuel,	-	-	-	-	-	-	560 00
Contingencies,	-	-	-	-	-	-	150 00
							<u>\$3,686 00</u>
Credit.....By Board,	-	-	-	-	-	-	1,850 00
							<u>\$1,836 00</u>

\$1,836.....The whole present expense of the Hospital.

N. B.....As the Hospital has been in operation only since the first day of last September, this statement is made in some degree by approximation. It is evident that in proportion as the boarders increase, the expenses of each will be diminished.

Statement of Receipts and Expenditures of the Asylum for the Insane, from the opening of the Institution in September 1818 to the first day of January 1822.

Dr.		Cr.	
1818. Sept. 30, } To Expenses before opening the Asylum,		1821. Dec. 31, } By Boarder, over- paid,	
	\$153 73		00 50
1821. Dec. 31, }	Contingencies, - - -	"	Cash of Treas. 4,257 14
"	Fuel (4 years,) - - -		\$4,257 64
"	Stationary, - - -	"	Farm, - - -
"	Stores, - - -	"	Board, - - -
"	Wages, - - -	"	Funerals, - - -
"	Medicines,* - - -		17 00
"	Furniture, - - -		494 66
"	Clothing, - - -		14,314 78
"	Finishing and Improving } Buildings, &c. }		
"	Balance, - - -		
	\$19,084 08		\$19,084 08
* Medicines are debtor to two donations, viz. Medicine and Instruments, Cabinet for do.		1822. Jan. 1, }	Balance, - - -
	\$115 00		\$1,217 39
	200 00		
	\$315 00		

N. B.....To these expenditures should be added the Salary of the Superintendent at the rate of \$1,500 a year.

MASSACHUSETTS

General Hospital

Annual Report

OF

BOARD OF TRUSTEES.

A. D....1828.

The Trustees of the Massachusetts General Hospital, in conformity with the By-Laws, present to the Corporation at their Annual Meeting, the following Report on the Treasurer's account, and the general state of the Institution :

The Annual Account of the Treasurer (the Hon. N. P. Russell) having been examined by a Committee of the Board of Trustees, and found to be correctly cast, and properly vouched, and proof exhibited of the property as stated to be in his hands ; a balance of fourteen hundred and sixty dollars and nineteen cents appears to be due to the Treasurer, payment having been made by the Suffolk Bank to that amount exceeding the money deposited in the Bank to the credit of the Corporation.

There remains little to report in addition to the annexed tables, and the Treasurer's Account, which contains a full statement of the pecuniary relations of the Institution : Indeed, the established circumstances of the two branches of the Corporation intrusted to the supervising care of the Trustees, reduces a report to the mere retrospective comparison of one year with another, by which the increasing usefulness of both departments may be obvious.

The generous donations of individuals, with the aid of the Go-

vernment, have erected an extensive building for the sick, in a retired and healthful part of the City. The poor patients under the daily care of skilful, intelligent, and eminent surgeons and physicians, are watched over by faithful and attentive nurses, and in truth the minor officers and domestics, under the vigilant eye of Mr. and Mrs. Gurney, (the approved superintendent and matron) continue to give the *sick poor*, all the comfort and relief, with all the chances of restoration, which the kindness of friends or the influence of money can command for those favoured with both. During the past year, notwithstanding the great precaution taken on admission, a patient was received, who was afterwards discovered to have been exposed to, and to have received the varioloid disease, at a time when some alarm existed in the public mind from its frequent occurrence. The incident served but to evince the judgment, promptitude and decision, with which the concerns of this establishment are conducted. The moment the disorder was ascertained, such directions were given for the removal of the patient, prohibition of all intercourse with him by any member of the household, purification of his apartment after his removal, caution and watchfulness over those who had been necessarily exposed, that no one received the disorder, nor did any evil consequences ensue from his admission. The grounds have been improved by the planting of ornamental trees and shrubs, and the extension of the gravel walks for those patients whose health will admit of exercise in the open air. At the M'Lean Asylum, the addition to the wing appropriated to the males is completed, and many of the apartments already in the occupation of patients. This addition, it is believed, combines all that was useful heretofore adopted in other similar establishments, with much that originated with the Superintendent, who is very thoughtful and ingenious for the security, comfort and health of those entrusted to his care. The advantages of this addition are so many, so obvious, and so important, that it is already a subject of calculation and an object of great desire to have a similar addition to the wing appropriated to females—our funds will not at present admit this expense; we cannot but live in the hope that some noble spirit like the munificent M'Lean, will lay a foundation for blessings continued to mankind long after that spirit shall have gone to receive its reward.

The records of the Visiting Committee shew an exact and regular fulfilment of that important trust, the exercise of which is so highly useful in both branches, being a fixed and known period for examination, and exciting a feeling of security and confidence in both Superintendent and patient, in the one that he is faithfully attended, and in the other that the faithful discharge of his trust is known, understood, and acknowledged.

In both establishments, a rule, which it has been thought judicious to adopt, it is often found delicate and difficult to enforce the discharge of those who are incurable. The McLean Asylum has probably one half of that description of patients for whom the hope of restoration is so slight, that they are properly classed among the Incurables, and have often been the occasion of an inability to receive recent cases, where perfect restoration might be confidently expected. No private dwelling can command the attention, comfort, cleanliness, watchfulness, warmth without danger, and many wholesome indulgencies, and restraints, which a building constructed for the purpose, and attendants accustomed to the kind discharge of their trust can afford. The evil is less in North Allen street, as few patients with lingering and incurable disorders find admission; when they do, life is prolonged and suffering much alleviated, by removal to the apartments and advice of the Hospital, from small, crowded and noisy rooms, total ignorance of sickness, and often utter carelessness in the inmates of the same apartments of the suffering and the sick. A coloured woman, who lingered in great distress during the winter, was constantly expressing in strong terms her very grateful sense of the benefit she received. The surgical department of the Hospital has increased in its usefulness during the past year; the number of surgical cases has been greater than that of any former year, and the number of surgical operations has considerably exceeded that of any former period of the same extent. It seems to be generally understood through the country, that this institution is the most safe as well as the most economical place of resort in all difficult and dangerous cases, especially such as require operation; one of the consequences of this general sentiment in regard to the Hospital, is, that many diseases are presented there, which are in their nature incurable—whence it has followed, that as the reputation of the Institution has increased, the number of cases reported incurable or not relieved has also increased. During the past year this department of the Hospital has been useful to the public in a signal manner, by affording to the wounded and disabled, the means of borrowing apparatus calculated to relieve their sufferings, and which did not exist elsewhere. The funds having been almost absorbed in the necessary expense of building, much reliance was placed upon the subscription of individuals to maintain a free bed, with the right at any time to send a patient to the Hospital. This reliance was well placed. The subscription free beds the present year, are thirty-three, beside the six which are subscribed for by the Humane Society.

The whole number of Free Patients discharged during the year ending April 1, 1828, was 218. One hundred and eight were discharged well, fifty-five much relieved, thirty not relieved,

and seven died. The average number of weeks they remained, was nearly the same as last year, or about five weeks and an half. The proportion of those recovered and much relieved, is greater than the last year.

For the Trustees,

JOSEPH HEAD, *Chairman.*

BOSTON, JUNE 11, 1828.

ABSTRACT OF RECEIPTS

OF THE

MASSACHUSETTS GENERAL HOSPITAL,

FROM JUNE, 1827, TO JUNE 1, 1828.

Legacy of the Hon. Wm. Phillips,		\$5,000
Donations—		
From a black woman,	50	
From Samuel T. Armstrong, Esq.	\$100	
From Thomas B. Wales, Esq.	825	
Thirty-three Free Beds for one year, from		
1st of January 1828,	3,320	
Dr. Jackson's annual subscription,	20	
	—	4,265 50
Life subscription Free Beds—		
Jer. Belknap, Esq.	654	
Hon. P. C. Brooks,	810	1,464
Interest on Stock and Notes,		214 14
Dividend Hos. Life Insurance Company,		3,500
Do. Worcester Turnpike Corporation, 2 years,		30
		—
		\$14,473 64

ABSTRACT OF HOSPITAL PROPERTY.

500 Shares Hospital Life Ins. Co. cost	\$50,000
On which has been hired,	17,000
	—
	33,000

Legacy of Hon. William Phillips in trust,	5,000
Six shares Worcester Turnpike Corporation,	200
Abigail Bell's Note and Mortgage,	700
	\$38,900

ABSTRACT OF THE EXPENSES OF THE MASSACHUSETTS GENERAL HOSPITAL, FROM JUNE 1827, TO JUNE 1, 1828.

Ordinary expenses at the Hospital,	\$3,052
Salary and grant to Superintendent,	600
Free patients' board,	4,422 16
Salaries to McLean Asylum,	1,512 09
Interest,	199 55
Annuity to Mrs. Prescott,	1,300
	11,085 80
McLean Asylum Building,	22,700
	33,785 80

MCLEAN ASYLUM FOR THE INSANE,
AT CHARLESTOWN.

Expenses of McLean Asylum, from April 1, 1827, to April 1, 1828.

1828.	Dr.	
Stores,	\$3,578 99	
Fuel,	857 42	
Stationary,	131 75	
Wages,	2,088 59	
Medicine,	62 99	
Contingencies,	333 04	
Furniture,	433 61	
Farm,	131 32	
Balance,	10,642 78	
	18,260 49	
1827. 1st April.	Cr.	
By balance of last account,	\$7,645 31	
Repairs,	7 49	
Board,	10,589 83	
Clothing,	17 76	
	18,260 49	

EXPENSES OF THE McLEAN ASYLUM, FOR THE YEAR ENDING
DECEMBER 31, 1827.

1827.	Dr.	
Stores,	\$3,819	38
Fuel,	854	92
Stationary,	137	53
Wages,	2,064	19
Medicine,	62	08
Contingencies,	500	58
Furniture,	194	64
Farm,	144	69
Balance,	9,254	14
	\$17,032	15
1827. Jan. 1.	Cr.	
Balance,	\$7,034	89
Repairs,	8	97
Board,	8,976	27
Funerals,	2	00
Clothing,	10	02
	\$17,032	15

The accounts of the McLean Asylum being made up annually to the 1st of January, the Annual Report will hereafter embrace one year from the first of January.

McLEAN ASYLUM.

The four quarterly Reports for the year ending 31st March 1828.

	<i>M.</i>	<i>F.</i>	<i>Total.</i>
Boarders remaining April 1, 1827.	28	23	51
Received March 31, 1828,	42	29	71
Total in the Asylum,	70	52	122
Unfit,	1	0	1
Eloped,	0	0	0
Died,	0	3	3
Not improved,	2	5	7
Improved,	1	2	3
Much improved,	4	5	9
Recovered,	18	9	27

Total removed,	26	24	50
Remaining first of April, 1828,	44	28	72

Table from first of January, 1827, to December, 31st, 1827.

Remaining,	26	29	55
Received,	31	27	58
	—	—	—
	57	56	113

Removed December 31, 1827.

Unfit,	1	0	1
Eloped,	0	0	0
Died,	0	5	5
Not improved,	2	4	6
Improved,	0	2	2
Much improved,	3	5	8
Recovered,	18	16	34
	—	—	—
Total Removed,	24	32	56
Remaining January 1, 1828,	33	24	57

HOSPITAL IN NORTH ALLEN STREET.

Surgical Patients—remaining in the Hospital April 1st, 1828.

Received during the year,	197
	—
	227
	—
Discharged—well	103
Much relieved,	43
Relieved,	19
Not relieved	18
Incurable,	2
Unfit,	1
By request,	6
Died,	5
	—
	197
Remaining April 1st, 1827,	30
	—
	227

Medical Patients—remaining in the House April

1, 1827,	15
Received during the year,	275
	290
Discharged—well,	118
Much relieved,	58
Relieved,	23
Not relieved,	47
Incurable,	0
Died,	12
Unfit	2
	260
Remaining 1st of April, 1828,	30
	290

SUPERINTENDENT'S ACCOUNT OF THE RECEIPTS AND EXPENDITURES OF THE HOSPITAL, FROM APRIL 1, 1827, TO APRIL 1, 1828.

Free Patients' Board,	\$4,422 16
Repairs and Improvements,	1,792 04
Stores,	4,601 24
Wages,	2,596 35
Fuel,	1,101 83
Furniture,	545 15
Medicine,	488 13
Contingencies,	62 44
	\$15,609 34
Cash of Hon. N. P. Russell,	\$7,225 01
Pay Patients' Board,	3,720 32
Free Patient's Board,	4,422 16
Contingencies,	44 04
Cash on hand,	197 81
	\$15,609 34

NATHAN GURNEY, *Superintendent.*

MASSACHUSETTS

GENERAL HOSPITAL

Annual Report

OF THE BOARD OF TRUSTEES.

A. D.....1829.

The Committee appointed on the 26th of April last, in conformity with the By-Laws, to examine the Accounts of the Treasurer, and to report thereon, and on the general state of the Institution—REPORT,

That, upon examination of the Accounts of Nathaniel P. Russell, Esq. Treasurer of the Corporation, the same were found by your Committee to be in all respects correct and well vouched, exhibiting a balance on the 26th day of May, ultimo, of eight dollars twenty-five cents due the Treasurer from the Corporation.

The Treasurer also exhibited to the Committee the evidences of the property of the Corporation in his hands.

This account, together with an abstract of the property, income and expenditures of the Corporation, at the respective departments, and also the Accounts of the Superintendents of the Hospital and the M'Lean Asylum, which are severally annexed hereto, will exhibit the pecuniary state of the Corporation.

Your Committee deem it their duty to suggest, on this occasion, the propriety of making some effort to obtain from the state, or from individuals, an increased annual income, to meet the wants of the Hospital in Boston.

It is undoubtedly the case that, since the establishment of free beds, there are provided for and cured, at the Hospital, without charge, many state, city, and other paupers. Thus is furnished,

also, a means of *preventing* the existence of a great and incalculable amount of pauperism, for which the state, city, or individual towns in the Commonwealth, would be compelled to provide.

That this is true, will readily be perceived when you reflect that the families of those, nursed and cured here on the free beds, being relieved from the burthen of supporting and attending on their sick, can give their time and attention to their usual callings and modes of support.

In this way great numbers are enabled to avoid all that train of disheartening circumstances, which, when disease, lameness, or disability has entered into a dwelling, among the labouring classes, seldom fails to bring its struggling inmates to an almshouse.

These circumstances, in the view of your Committee, constitute an equitable claim on the Legislature of the Commonwealth, to continue to foster and maintain a charity, in which they have already testified their interest, by aiding in its establishment.

The first cost of the land and buildings, at the two departments, in Boston and Charlestown, with fixtures, furniture, expensive surgical and other instruments, has been necessarily great; as it is in all similar known establishments. These constitute an apparatus, which is indispensable. Without them, it is impossible duly to administer to the relief of an amount and description of suffering, such as must always exist in a great and growing community like ours.

Coming generations must expect to bear the expense, comparatively trifling, of maintaining the useful and charitable Institutions, which their fathers have founded; and we doubt not that in this case they will cheerfully do so.

But whether we reckon the first outlay, or the annual expenditure, it is believed by your committee that no instance can be found, in any other two similar establishments, of a greater amount of good being effected at the same, or less cost.

From the judicious mode adopted by our predecessors, of adding to the permanent buildings, as necessity should require or experience suggest, there has been less of interruption or delay,

in affording aid to the distressed, than is usual in the early stages of such undertakings.

Every thing has thus been accomplished, too, if not with less cost in the beginning, yet with more economy in the result. And in the mean time, the number of persons in the community, relieved and cured of maladies, affecting the mind and the body, is as surprising, under all circumstances, as it is gratifying.

During the last five years, to go back no further, out of 273 boarders who have left, or been removed from the M'Lean Asylum for the Insane, 120 were discharged *recovered*; being 43 9-10 per ct. or very nearly one half, restored to reason! In addition to these, many, whom the impatience of friends and other causes have prematurely removed, might undoubtedly be estimated as recovered, but they are included in the returns, under the distinct heads of "*improved*," and "*much improved*."

No other remark need be added to this statement, to produce a conviction of the utility of this department, or of the faithfulness and ability of Dr. Wyman, the Physician and Superintendent, who has from its commencement directed its concerns.

In the other department, the Hospital in Boston, the skill of the Acting Physician and Acting Surgeon, Drs. Jackson and Warren, and of their assistant—together with the judgment and energy of the Superintendent, Mr. Gurney, aided by the happy adaptation of the building, and the situation to its purposes, have produced a result equally satisfactory.

In the same period of time, viz: the last five years, there have been received 2409 patients; and of 2406 removed, 1067 were discharged *well*, being 44 3-10 per ct. recovered, beside the numerous class who have been partially relieved in obstinate chronic and other cases.

It thus appears, that, at the two departments, during five years past, 1187 individuals have been restored to health of body or mind; an amount of good, which in its immediate effects and its remote consequences would alone be an adequate reward to those who have generously enabled this Board to effect it. But when it is considered that of 2650 in the Hospital in Boston, during that

period, 1132 were on free beds, your Committee cannot but think that the claim of the Institution on the patronage of the state is so just, that it will not be overlooked.

“The Massachusetts General Hospital” is indeed the child of the Commonwealth. It has been founded by the State, aided by an individual munificence almost unparalleled in our country. It is devoted to the great work, which in all communities demands and must receive the care, the inspection, and aid of government.

The highest officers in our Commonwealth are its visitors and supervisors, and your Board are only their instruments and the almoners of their bounty to the poor and miserable.

This Institution is, beyond a doubt, a powerful auxiliary to all the measures, devised and devising, for reducing the amount of pauperism in our land; and when you shall determine it to be a proper moment to call on the Legislature for aid, you can be fairly considered only as pointing out to them one of the modes of effecting an object which they have in view.

During the past year the Hospital has sustained a loss, in the death of the excellent matron of the house, the wife of the Superintendent; who, by her tenderness and assiduity in administering to those under her care, had materially contributed to the success which has attended the efforts of all the officers.

A fire which broke out in the roof of the Hospital, threatened for a time very serious injury to the building; but, being happily checked by the spirited exertions of the Fire Department of the city, and others, comparatively very little damage was sustained, the whole having been restored at an expense not exceeding six hundred dollars.

At the McLean Asylum, the advantages contemplated in the erection of an addition to the wings appropriated to the male boarders, have been fully realized. The cost has been necessarily great; but future generations will have reason to be grateful for every dollar expended there. And, were your funds adequate to it, your Committee would not hesitate to advise the immediate commencement of a similar building for the female boarders.

The call for more extended accommodations in that branch of the Asylum is more urgent than would appear to be indicated by the returns of the year. Indeed it is apparent that considerations peculiar to the more delicate sex, demand opportunities for classification and varied treatment, which are equally desirable, whether we regard the wishes of friends, the various circumstances of patients, or the standing of our Institution; which will then need nothing more to make it the most perfect of the kind, in the United States. Which is submitted.

HENRY CODMAN,
EBEN. FRANCIS,
AMOS LAWRENCE } *Committee.*

BOSTON, JUNE 7th, 1829.

MASSACHUSETTS GENERAL HOSPITAL.

ABSTRACT OF RECEIPTS FROM JUNE 14, 1828, TO MAY 22, 1829.

Interest on the Trust Fund in the M. H. Life Ins. Co.	
for Phillips' Legacy, to Jan. 1, 1828,	\$64 24
to Jan. 1, 1829,	258 45
Dividend on 6 shares in Worcester Turnpike,	9
Do. on 500 shares in M. H. Life Insurance Co.	4000
Do. for (extra) from do.	
being 1-3 of profits over 6 per cent. on capital,	687 50
Interest on Abigail Bell's Notes,	38 50
Donations—	
Hon. James Savage	100
F. & N. G. Carnes' Acceptance,	149 62
	249 62
Subscriptions for Free Beds—	
Humane Society,	600
Female Association,	31
Twenty-three individuals,	2275
	2906
	\$8213 31

N. P. RUSSELL, *Treasurer.*

BOSTON, MAY 22, 1829.

8213 31	
200	Received on A. Bell's note.
24,000	Borrowed M. Hos. Life Ins. Co.
32,413 31	

THE EXPENDITURES OF THE HOSPITAL AND ASYLUM, EXCLUDING BUILDING AND REPAIRS, MAY BE ESTIMATED AS FOLLOWS, FOR THE YEAR.

The Hospital—	
For Current Expenses,	2283 47
For Salaries,	732 70
For Free Patients,	4629 49
Deduct Subscriptions,	2906
	1723 49
	4739 66
McLean Asylum—	
For Salaries,	2016 10
	\$6755 76

ANNUAL INCOME.

\$50000 Stock Hos. Life Ins. Co. say at 8 per ct.	4000
\$5000 Trust Fund in do. Phillips' Legacy,	250
6 Shares in Worcester Turnpike,	9
Interest on Abigail Bell's note,	30
	4289

From which is to be deducted—

Annuity to Mrs. Prescott,	1300
Interest on money borrowed of Hos. Life	
Insurance Company, 41000 at 6 per ct.	2460
To be borrowed, 3000 a 6 per ct.	180
	3940

N. P. RUSSELL, *Treasurer.*

MAY 22, 1829.

COST OF HOSPITAL.

For Land and Buildings,	130,640 31
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McLEAN ASYLUM.

For Land and Buildings,	187,326 70
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\$317,967 01

May 22, 1829.

EXPENSES AT THE McLEAN ASYLUM FOR THE INSANE, FOR
THE YEAR ENDING DECEMBER 31, 1828.

1828. Dec. 1.	Dr.	1828. Jan. 1.	Cr.
Stores, bal. acct.	\$4225 27	By balance last acct.	\$9254 14
Fuel,	606 76	Dec. 31.	
Stationary,	34 75	Repairs, bal. acct.	17 60
Wages,	2359 08	Farm,	327 91
Medicines,	32 72	Board,	12,542 56
Contingencies,	247 69	Clothing,	6 82
Furniture,	579 95		
Improvements,	8 50		
Diversions,	1089 68		
Balance to new acct.	12,964 63		
	\$22,149 03		\$22,149 03
		1829. Jan. 1.	
		By bal. last acct.	\$12,964 63

TABLE

SHEWING THE STATE OF THE McLEAN ASYLUM FOR THE
INSANE, DURING THE YEAR ENDING DECEMBER 31, 1828.

	Males.	Females.	Total.
Boarders remaining January 1, 1828,	33	24	57
“ received to December 31,	48	29	77
Whole number during the year,	81	53	134
Boarders removed December 31, 1828—			
Unfit,	1	2	3
Eloped,	0	0	0
Dead,*	2	3	5
Not improved,	9	3	12
Improved,	5	7	12
Much improved,	3	7	10
Recovered,	18	5	23
Whole number removed Dec. 31,	38	27	65
Remaining January 1, 1829,	43	26	69

* Died of Pulmonary Consumption, 2; Suicide, 1; Abstinence and long and gradual decay, 1; Convulsions, 1. Total, 5.

TO THE TRUSTEES OF THE MASSACHUSETTS GENERAL
HOSPITAL.

The foregoing account exhibits a view of the expenses at the McLean Asylum for the Insane, during the calendar year 1828. From the balance of \$12,964 63, there should be deducted the amount of several bills which will not probably be collected, say \$300, leaving a balance of \$12,664 63, consisting of cash and undoubted accounts due to the Asylum.

The preceding table exhibits the state of the Asylum during the same year in regard to the boarders received and removed, being the reports of each quarter year condensed into one table. Those who were unfit were idiotic, or too weak and feeble in body, to be received, and therefore were not permitted to remain as subjects of medical treatment. These three deducted, sixty-two boarders remained as subjects of treatment, of whom forty-five were recovered or relieved. A large proportion of those relieved, but not recovered, and also of those removed without improvement, were discharged at request of their friends, without remaining at the Asylum a reasonable time for trial.

I am, very respectfully,

RUFUS WYMAN,

Phys. and Sup. of McLean Asylum.

Charlestown, May 1829.

HOSPITAL IN NORTH ALLEN STREET.

SUPERINTENDENT'S ACCOUNT OF THE RECEIPTS AND EXPENDITURES OF THE HOSPITAL, FROM APRIL 1, 1828, TO APRIL 1, 1829.

Free Patients' Board,	\$4,629 49
Repairs and Improvements,	1,310 69
Stores,	4,949 23
Wages,	2,619 89
Fuel,	1,170 38
Furniture,	297 53
Contingencies,	10 58

Stationary,	127 00
Medicine,	570 48
Cash on hand,	183 60

\$15,868 87

Cash of N. P. Russell,	\$7,412 96
Pay Patients' Board,	3,697 23
Free " "	4,629 49
Contingencies,	129 19

\$15,868 87

Whole number of patients received during the year,	555
Of these were free,	289
	266

SURGICAL PATIENTS.

Remaining April 1, 1828,	27
Received during the year to April 1, 1829,	201
	228

Discharged—well,	129
Much relieved,	22
Relieved,	24
Not relieved,	13
Eloped,	2
By request,	6
Died,	8
Transferred to Physician,	3

	207
Remaining in House, April 1, 1829,	21
	228

MEDICAL PATIENTS.

Remaining April 1, 1828,	33
Received during the year,	354
	387
Discharged—well,	158
Much relieved,	69
Relieved,	53
Not relieved,	39
Incurable,	3
Eloped,	1
By request,	3
Died,	24
Unfit,	4
Transferred to Surgeon,	9
	363
Remaining April 1, 1829,	24
	387

AN ABSTRACT

Of Patients in the Hospital during the Five Years ending April 1, 1829.

Year ending April 1.	Patients remaining at the commence- ment of the year.		Received during the year.		Patients remaining at the end of the year.		Discharged and died during the year.		Free Patients during the year.		Discharged well during the year.		TOTAL.	
			SURG.	MED.		TOTAL.	SURG.	MED.	F. PATIENTS.		SURG.	MED.		
1825		42	148	229	419	40	143	236	419	150	71	83	154	
1826		40	164	321	525	56	156	313	525	223	70	126	196	
1827		56	174	339	569	43	177	349	569	216	72	137	209	
1828		43	188	291	522	60	189	273	522	243	103	118	221	
1829		60	201	354	615	45	207	363	615	301	129	158	287	
Totals		241	875	1534	2650	244	872	1534	2650	1133	445	632	1067	
Total of commencing Nos. deducted,					241	Total of remaining Nos. ded'd.					244			
Total received during whole time,					2409	Total dis. during whole time,					2406			

OFFICERS OF THE INSTITUTION.

A. D. 1829---1830.

JOHN LOWELL, *president.*GARDINER GREENE, *vice-president.*N. P. RUSSELL, *treasurer.*N. I. BOWDITCH, *secretary.***Trustees.**EBENEZER FRANCIS, *chairman,*

HENRY CODMAN,

JOSEPH COOLIDGE,

WILLIAM H. GARDINER,

FRANCIS C. GRAY,

GARDINER GREENE,

BENJAMIN GUILD,

AMOS LAWRENCE,

JONATHAN PHILLIPS,

EDWARD H. ROBBINS, JR.

GEORGE TICKNOR,

EDWARD TUCKERMAN.

dup

ANNUAL REPORT

OF THE

BOARD OF TRUSTEES

OF THE

MASSACHUSETTS GENERAL HOSPITAL.

JANUARY 23, 1833.

THE Trustees of the Massachusetts General Hospital, in conformity with the by-laws, beg leave to lay before the Corporation, at their annual meeting, the following Report on the Treasurer's accounts, and on the general state of the Institution during the past year.

The Committee appointed to examine the accounts of the Hon. N. P. Russell, Treasurer of the Corporation, have reported that they found the annual account, herewith submitted and marked A., properly vouched and correctly cast—and that they had seen the evidences of the property belonging to the Corporation now in the Treasurer's hands.

The debtor side of the above-mentioned account amounts to \$21,019.39, while the credit side of cash actually received amounts only to \$19,156—leaving a balance overdrawn at the Suffolk Bank of \$1,863.39. It is proper to add, that this gives the state of the account on the day it was made, and that since that

time additional funds have been received, which makes a balance at the present moment considerably in favor of the Corporation.

This account contains several items which do not belong to the current expenses of the year; among these is the payment of a note due to the Provident Institution of \$10,000, and the annuity paid to E. O. Prescott, with which the legacy from Thomas Oliver is charged, amounting annually to the sum of \$1,300.

From a careful examination of the accounts, it appears that the expenses of the Hospital since the last report have amounted to \$4,623.75
and those of the Asylum to about \$4,720.00

The sickness of Dr. Wyman, and the introduction of a new Superintendent, have greatly increased the expenses of the latter establishment during the past year. Among these are the following :

Compensation to Dr. Wyman, for extra services, voted in 1826, and paid this year with interest,	\$692.50
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Dr. Wm. J. Walker, attendance during Dr. Wyman's absence,	600.00
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Luke Bigelow, purchase of extra furniture for Superintendent's family,	500.00
--	--------

Compensation to Dr. D. W. Davis and Columbus Tyler for extra services during absence of Dr. Wyman,	200.00
--	--------

\$1,992.50

The internal regulations of this establishment have been modified and improved during the past year. The increased number of patients rendered it necessary to relieve the Physician from the accumulated cares of providing for and superintending the financial concerns of so great an establishment. These, in addition to his medical cares and responsibility, undermined the health and for a time deprived the Asylum of the invaluable services of Dr. Wyman. The Trustees are happy in stating, that an entire relaxation from the duties of an office, which for fourteen years had permitted him to be absent but five nights from the Asylum—together with the relief afforded by the division of his

duties and the appointment of an efficient Superintendent, have re-established his health, and promise a long continuance of his skill and experience in alleviating the most distressing calamity to which our species is exposed.

The schedule, herewith submitted, shows that the available funds of the Hospital consists of

500 Shares Mass. Hospital Life Insurance Company,	\$50,000
Deposites in ditto,	15,000
Manufacturing Stocks, given by Mr. Lee,	20,000
Real Estate bequeathed by Miss Belknap,	15,750
Notes of the Town of Pittsfield,	4,000
Notes secured by mortgage,	50,800
Bridge and Turnpike Shares,	8,700

\$164,250

Besides these, there is the reversion of the Province House Estate, and the reversion of \$25,000, bequeathed by Mr. McLean, which are not included.

The debts of the Corporation are as follows :

Note due the Mass. Hospital Life Insurance Co.	50,000
Legacy of Mary Belknap to Mary P. Bowen,	1,000
Suffolk Bank, amount overdrawn at time of making statement, but since repaid	1,863.39

\$52,863.39

Leaving the clear amount of available funds one hundred and eleven thousand three hundred eighty-six dollars, 39-100ths.

From the subjoined estimate it appears that the total expense of free beds from 1822 inclusive, to 1832, amounted to

\$36,590.25

While the donations and legacies during that time, for the benefit of free beds, including the income on the legacies of Wm. Phillips and Jeremiah Belknap, amount to

29,405.94

Leaving the expense of free beds, above the receipts for their support during this period,

\$7,184.31

The attention of the Trustees has been particularly called to this subject from the Report of the Treasurer, which shows that the sum received from annual subscribers for this purpose, will probably fall considerably short of that realized on former years. The numbers who stand in need of this charity are daily increasing ; and when it is considered that by the timely assistance of this Institution, hundreds are restored to society and usefulness who would be otherwise reduced by protracted sickness to poverty and to an entire dependence on the city for support, it may be a question whether the city should not be called upon to do something for the furtherance of a charity by which it is materially benefited in its financial concerns.

The Trustees cannot close this Report without congratulating the Corporation on the prosperous condition of the Institution under their charge. On no former occasion have they had reason to speak with more satisfaction of the confidence of the public or of the munificence of individuals. During the past year they have received legacies and donations, great in amount, and deriving additional value from the circumstances under which they were given.

But a short time has elapsed since the late Jeremiah Belknap bequeathed ten thousand dollars to this Institution. During the present year his sister, Miss Mary Belknap, has, with a similar liberality made this Corporation the residuary legatee of her great fortune, from which nearly *ninety thousand dollars* have been paid into the hands of the Treasurer.

It may not be here the place to suggest what means should be taken to perpetuate the remembrance of the obligations conferred by this family on this Institution, and through it on the community. But it seems to the Trustees that whenever an additional wing for the reception of female patients shall be erected at the Asylum, of the necessity of which the numbers who are daily rejected testify ; it would be a compliment singularly appropriate to give the name of this great benefactress to that part of the establishment which is particularly devoted to the benefit of her sex.

The bequest of twenty-six hundred dollars, given by Miss Margaret Tucker, is another proof of the liberality and charity of her sex. The Trustees are happy to find that among the many and well-selected objects of this lady's bounty, this Institution was deemed worthy of a share.

There is one other donation, which though small in comparative amount, derives great value from the fact that it came from one who had an uncommon opportunity of judging of its utility from actual experience. During the sickness and absence of Dr. Wyman, the medical department of the McLean Asylum was placed under the care of Dr. Wm. J. Walker of Charlestown. His assiduity and professional skill, supplied, as far as the place could be supplied by one who was not a resident at the Institution, the station so ably filled by Dr. Wyman. On the re-establishment of that gentleman's health, the Trustees voted that six hundred dollars should be paid to Dr. Walker as a testimony of their appreciation of, rather than as an adequate compensation for his services. Of this sum he returned four hundred dollars, with a request that it might be applied to the general purposes of the Institution. Such a testimony of the utility and proper management of this charity from one who was so capable of judging from actual experience, renders this donation peculiarly gratifying to all who are interested in the Hospital.

The Treasurer's estimates of the probable receipts and expenditures of the present year for the general purposes of the establishment, show that, for almost the first time since the foundation of the Institution, the former are expected to exceed the latter.

The Institution was never more flourishing or more useful than at present. The documents herewith submitted, show the numbers that have been partially or totally relieved since the last Report. The liberal expenditures of former years have erected buildings admirably calculated for the purposes of this charity. They will only need to be augmented from time to time, as the increase of patients renders additional accommodation necessary or desirable.

The expectations of our founders have been more than realized in the estimation in which the charity is held by the public, in the means that have been given of carrying their intentions into effect, and in the general usefulness of the Institution. Nothing can be wished upon the subject but that a continuance of the liberality of the charitable, and of the exertions of those entrusted with its management, may support this offspring of their benevolence with equal prosperity to the latest time.

EDWARD TUCKERMAN, *Chairman.*

BENJ. D. GREENE,
JOSIAH QUINCY, JR. } *Committee for drafting the Report.*
GEORGE BOND,

SUPERINTENDENT'S ACCOUNT OF THE RECEIPTS AND EXPENDITURES OF
THE MASSACHUSETTS GENERAL HOSPITAL FROM DECEMBER 31st, 1831,
TO DECEMBER 31, 1832.

Free Patients' Board,	\$3,584 53
Stores,	4,686 22
Wages,	2,899 72
Fuel,	1,772 65
Repairs and Improvements,	400 58
Furniture,	318 61
Stationary,	" "
Medicine,	671 71
Contingencies,	165 63
Cash on hand,	87 90

\$14,587 55

Cash of N. P. Russell, Treasurer, at sundry times,	3,115 47
Pay Patients' Board,	7,622 57
Free do. do.	3,584 53
Contingencies,	264 98

\$14,587 55

Dec. 31, 1832.

YEARLY REPORT OF PATIENTS OF THE MASSACHUSETTS GENERAL HOS-
PITAL, ENDING DECEMBER 31st, 1832.

	Males.	Females.	Total.
Remaining in House Dec. 31st, 1831,	32	20	52
Received since,	290	157	447
	—	—	—
	322	177	499
	—	—	—
Discharged during the year, Well,	172	87	259

	Males.	Females.	Total.
Much relieved,	37	18	55
Relieved,	27	18	45
Not relieved,	25	13	38
Unfit,	"	1	1
Insane,	1	1	2
Eloped,	4	"	4
Died,	29	15	44
	295	153	448
Remaining in House Dec. 31, 1832,	27	24	51
	322	177	499

COST OF HOSPITAL.

For land and buildings, \$144,498 91

COST OF MC'LEAN ASYLUM.

For land and buildings, 188,422 22

\$332,921 13.

The erection of a new building for Females at the Asylum, as recommended by the Report, will absorb almost the whole present available funds of the Institution.

EXPENSES AT THE MC'LEAN ASYLUM FOR THE INSANE, FOR THE YEAR
ENDING DECEMBER 31, 1832.

1832. Dec. 31.	Dr.	1832. Jan. 1.	Cr.
To Cash for Improve-		By Balance,	\$13,108 13
ments,	\$8,047 11	Dec. 31.	
" Stores,	4,654 11	" Farm,	536 55
" Fuel,	1,849 16	" Board,	13,018 06
" Stationary,	39 20	" Funerals,	6 34
" Wages,	2,557 64		
" Medicine,	226 50		
" Contingencies,	696 58		
" Furniture,	1,153 36		
" Repairs,	528 37		
" Improvements,	2,278 04		
" Diversions,	422 56		
" Clothing,	27		
" Balance,	4,216 18		
	\$26,669 08		\$26,669 08

TABLE SHEWING THE STATE OF THE McLEAN ASYLUM FOR THE INSANE, DURING THE YEAR ENDING DECEMBER 31, 1832.

	Males.	Females.	Total.
Remaining Jan. 1, 1832,	39	29	68
Received Dec. 31, 1832,	65	29	94
	—	—	—
	104	58	162
	—	—	—
Removed. Unfit,	0	0	0
Eloped,	0	0	0
Transferred to the Hospital,	1	0	1
Dead,	7	3	10
Not improved,	11	2	13
Improved,	5	5	10
Much improved,	12	9	21
Recovered,	28	15	43
	—	—	—
	64	34	98
	—	—	—
Remaining January 1, 1833,	40	24	64
	—	—	—

OFFICERS OF THE INSTITUTION.

A. D. 1833.

JOSEPH HEAD, *President.*

EBENEZER FRANCIS, *Vice-President.*

N. P. RUSSELL, *Treasurer.*

N. I. BOWDITCH, *Secretary.*

Trustees.

SAMUEL T. ARMSTRONG,

GEORGE BOND,

HENRY CODMAN,

FRANCIS C. GRAY,

BENJAMIN D. GREENE,

BENJAMIN GUILD,

GEORGE HALLET,

ABBOTT LAWRENCE,

FRANCIS J. OLIVER,

JOSIAH QUINCY, JR.

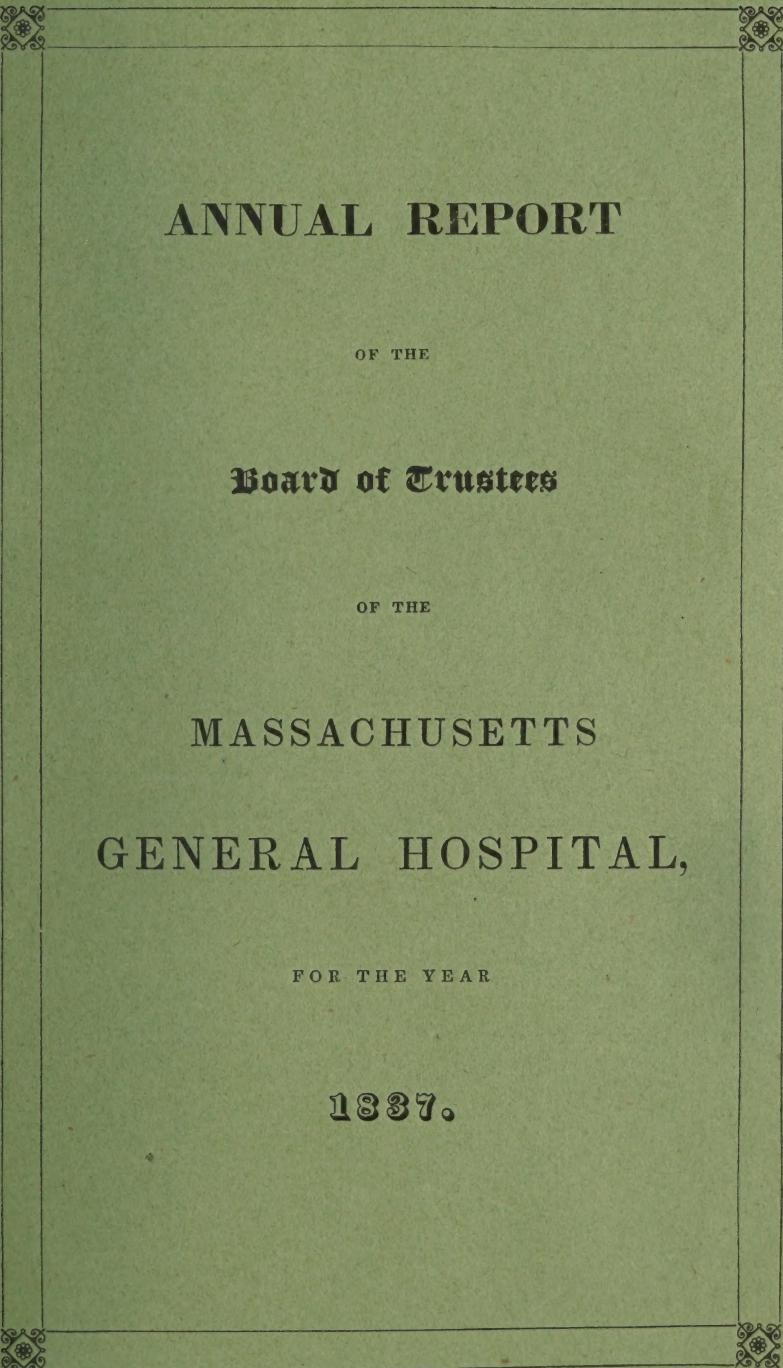
EDWARD H. ROBBINS,

EDWARD TUCKERMAN.

NATHAN GURNEY, *Superintendent of the Hospital.*

RUFUS WYMAN, *Physician of the McLean Asylum.*

LUKE BIGELOW, *Superintendent of the McLean
Asylum.*



ANNUAL REPORT

OF THE

Board of Trustees

OF THE

MASSACHUSETTS

GENERAL HOSPITAL,

FOR THE YEAR

1837.

ANNUAL REPORT

OF THE

Board of Trustees

OF THE

MASSACHUSETTS

GENERAL HOSPITAL,

FOR THE YEAR

1837.

BOSTON:

PRESS OF JAMES LORING.

1838.

REPORT.

THE Committee of the Trustees of the Massachusetts General Hospital, appointed to examine the Treasurer's accounts, and the general condition of the Institution, and to make a report thereon to be laid before the Corporation at its annual meeting, report,

That they have examined the Treasurer's accounts, and the statement of the property in his hands, and the vouchers and evidences thereof, and find them to be correct. The accounts of the receipts and expenditures in the two departments of the Institution, as prepared by the Superintendent of the Hospital and the Steward of the Asylum, are also herewith submitted.

It appears from the Report of the Superintendent, that the whole number of patients received at the Hospital in Allen Street, during the year 1837, has been 440, of whom 206 have been cured, and 152 relieved. It is believed that this department of the Institution has been administered with as much fidelity, care and success, as during any former year. The occasional appearance of erysipelas, and the apprehension of an increase of this distressing malady among the patients of the Hospital, has been a source of deep solicitude to the Trustees. With the hope of arresting its progress, some improvements have been adopted in

order to secure a more free and perfect ventilation of the wards ; and at the suggestion of the medical officers, the upper pannels of the doors, and the flues for the admission of the external air, have been differently arranged with a view to this object. The evil, however, has not been effectually removed. Some suggestions upon this subject have been lately received from Dr. Warren, now absent in England, founded upon his observation of similar Institutions in that country, whose communication has been referred to a special Committee of the Trustees.

During the past year, Dr. James Jackson has retired from the office of a physician of the Hospital, which situation he had held from its first establishment. The Trustees, immediately upon accepting his resignation, placed a free bed at his disposal during life, and subsequently requested him to sit for his portrait ; thus proving to him and to the public, the high estimation in which they held his character and services.* By the latter of these measures, there will be preserved at the Hospital to future times, a visible memorial of one to whom our Institution in a great degree owes its origin, and to whom it has always been deeply indebted for its reputation and usefulness—one who, in the discharge of his official duties, has left a bright example to all who may succeed him, and whose name will never be mentioned by the friends of the Hospital, but with affection and gratitude.

The number of boarders received at the Mc Lean Asylum for the Insane during the year, has been 120, of whom 72 have been discharged, cured. The last Annual Report mentioned the fact, that Dr. Luther V. Bell had been elected to the office of Physician and Superintendent, after the lamented death of Dr. Lee. Every anticipation in which the Trustees then indulged, in regard to the gentleman thus selected, has been in the fullest manner realized. He has most successfully carried out the same system of moral and medical treatment, which had been previously adopted. He has, like his eminent predecessors, identified himself with the interests and usefulness of the Institution, and his administra-

* See Appendix.

tion, like theirs, has been marked by devotedness to the great objects for which it was founded. To all the boarders at the Asylum, for whom such indulgences were proper, the usual opportunities have been given for exercise, recreation and amusement, and for attending the stated religious ordinances. They have found a cheerful and innocent relaxation in joining the parties for music and dancing which have been regularly permitted them, and which have invariably been conducted with the strictest propriety. They have also willingly and cheerfully given their time and labor to the cause of benevolence, at the stated meetings of the Belknap sewing circle ; while each returning Sabbath has witnessed a congregation voluntarily assembled, to join with becoming feelings of devotion, in the duties of that sacred day. It is evident to the Trustees that the satisfactory and happy results of this moral discipline, are every day more and more fully developed ; and they cannot doubt but that many an individual, whose mind has there been recalled from its wanderings, will regard as his greatest benefactors, the munificent donors who founded this Institution, or extended its means of usefulness ; and will ever cherish a grateful remembrance of the kind attentions, and the untiring zeal and fidelity of those, to whose immediate care its management has been intrusted.

The Trustees considering that the salary heretofore paid to the Steward (Mr. Tyler,) was an inadequate compensation for the valuable services rendered by him, and also by his wife as Matron, and in the hope that those services may long be continued to the Institution, have annexed to the latter office a salary of \$300.

The new building for the accommodation of female boarders, called "The Belknap Ward," was completed in the month of November last, in a very neat and substantial manner, at the cost of \$43,500 ; the estimated expense having been \$40,000. The sum of \$2500 has been appropriated for the purpose of furnishing it in a suitable manner. Being thus enabled to accommodate about fifty additional boarders, the Trustees believe that it will hereafter be found practicable, to a certain extent, to receive those who are known to be incurable ; the number, however, being al-

ways so limited as never to prevent the reception of any patient whose cure may reasonably be expected. In consequence of the erection of this building, it was thought expedient to discontinue the original entrance from the road, and to open a new one on the west side of the barn, which has been done accordingly.

It is a source of great regret to the Trustees, that the Directors of the Charlestown Branch Rail Road have thought it expedient to cross the estate of the Asylum, in forming a junction with the Lowell Rail Road. This road as now located, passes within about ten feet of the south-east corner of the enclosed grounds of the Asylum ; and it is apprehended that the proximity of a public road to these grounds, which have always been appropriated to the exercise and recreation of the inmates of the Asylum, will tend very seriously to disturb the quiet and retirement of the Institution. In addition to this interruption, the communication from the Asylum to the lower part of its estate, and the wharf which belongs to it, is intercepted in such a manner as to render it very inconvenient, if not impracticable, to transport from the wharf such fuel, lumber and other heavy articles, as have been hitherto brought to the Asylum in this mode, at a great saving of labor and expense. The Trustees, as soon as they became aware of this intended location, protested against it in the strongest manner, as being highly prejudicial to the interests of the Institution and the welfare of its inmates ; and Franklin Dexter, Esq. has been employed as counsel of this Corporation, to take all proper legal measures in the premises. With this single exception, the situation and prospects of this department of the Institution are peculiarly gratifying. It is believed, that for many years to come there will be no urgent necessity for any further considerable expenditures on account of it ; that the accommodations now obtained will be sufficient for the convenience of the boarders, and that adequate means now exist for the full and successful developement and application of the present system of treatment.

The productive capital of the Institution has been, of course, much diminished by these recent expenditures, and the annual income will hereafter be wholly insufficient to meet the current ex-

penses. A debt of \$40,000 has already been contracted. There is, in the opinion of the medical officers, a very urgent necessity for a separate ward at the Hospital for fever patients. It has, therefore, again become necessary for us to ask of an intelligent and benevolent community, such further assistance as may enable us to supply the deficiencies, and obviate the inconveniences of this department of our Institution, and to place it on as permanent and satisfactory a basis, as that of the Mc Lean Asylum for the Insane. We do not think it expedient to make any actual call for subscriptions at the present time, but we feel the utmost confidence that such a call, when made, will be answered with that liberality which our Institution has already experienced upon so many former occasions.

ROBERT HOOPER, JR. }
N. I. BOWDITCH, } *Committee.*

Boston, Jan. 17, 1838.

REPORT

OF THE

SUPERINTENDENT OF THE HOSPITAL IN ALLEN STREET,
BOSTON, FOR THE YEAR 1837.

*Admitted at the Massachusetts General Hospital, from January 1,
1837, to January 1, 1838.*

	Males.	Females.	Total.
Patients paying board	158	44	202
do. do. part of time	16	9	25
do. entirely free	93	120	213
	267	173	440

Discharged during the same period.

	Males.	Females.	Total.
Well	136	70	206
Much relieved	57	27	84
Relieved	32	36	68
Not relieved	26	28	54
Died	19	13	32
Unfit	3	4	7
Eloped	1	1	2
	274	179	453

Proportion of deaths to whole number of results this year,—1 in
14, nearly.

	Private.	Ward paying.	Free.	In the whole house.
Greatest N ^o . of patients at any one visit	5	29	32	59
Least do. do. do.	0	9	21	38
Average population	2.45	16.75	27.4	46.6

From the above it appears, that the proportion of ward beds occupied by free patients, is the same as last year, viz, $\frac{5}{8}$.

The average time of stay of ward-paying patients has been about $3\frac{4}{5}$ weeks.
do. do. free do. $6\frac{3}{5}$ do.

Analysis of Patients.

	Free.	Paying.
Males.....Sailors	4	32
Mechanics	28	48
Teamsters, Drivers, &c.	2	9
Farmers	4	6
Clerks, Traders, &c.	1	17
Laborers	32	37
Minors	7	1
Domestics	10	2
In private rooms		25
Females....Domestics	76	24
Wives	11	12
Seamstresses, &c.	12	9
Of other employments	9	3
Spinsters	0	5
Minors	10	4
In private rooms	0	0

It appears from this analysis, that more than one third of the whole number of free patients have been domestics, and about $\frac{1}{6}$ laborers, of whom about $\frac{5}{8}$ were Irish.

The annual expenses for 1837 were,

Stores	\$6146 40
Wages	3687 79
Fuel	1651 64
Furniture	703 41
Stationary	71 01
Medicine	621 38
Repairs and improvements	588 46
	13,470 09

Deduct Contingent Cr. 45 75—\$13,424 34.

The amount charged for board during the year, was 7621 17.

If from the amount of annual expense	13,424 34
be deducted, as in former annual reports,	
the charges for repairs, &c.	588 46
and the balance	12,835 88
be divided by 52, equal to	246 84
and this again by average population, 46.6,	
there remains for weekly expense of a	
patient	5 30.

GAMALIEL BRADFORD, *Superintendent.*

REPORT

OF THE

STEWARD OF THE Mc LEAN ASYLUM FOR THE INSANE,
FOR THE YEAR 1837.

During the year 1837, there were received into this Institution, 63 male, and 57 female patients. Total, 120.

Belonged to Massachusetts,	76	Belonged to Lower Canada,	1
“ N. Hampshire,	19	“ New Brunswick,	1
“ Maine,	14	“ Alabama,	1
“ Rhode Island,	5		
“ New York,	2	Total,	120.
“ Dist. Columbia,	1		

The amount of board charged during the year, was \$16,975 58.

The balances of the several accounts for the year, are for

Stores, . . .	\$7716 94	Repairs, . . .	452 76
Wages, . . .	3036 72	Diversions, . .	1215 49
Fuel, . . .	1172 61	Improvements, .	141 84
Stationary, . .	56 02	Library, . . .	23 38
Medicine, . .	217 52		
Contingencies, .	688 15		\$15081 99.
Furniture, . .	360 56		

Deduct Cr. of Farm, . . .	\$1069 01	} 1150 42
Excess of stores on hand, over last year,	81 41	

Showing the year's expense (exclusive of salaries) to be \$13931 57.

COLUMBUS TYLER, *Steward.*

Mc Lean Asylum, Jan. 17, 1838.

TWENTIETH

ANNUAL REPORT

OF THE
PHYSICIAN AND SUPERINTENDENT OF THE Mc LEAN
ASYLUM FOR THE INSANE.

IN commencing the Annual Report required by the regulations of the Massachusetts General Hospital, the Physician and Superintendent of the Mc Lean Asylum for the Insane cannot refrain from acknowledging the most lively sentiments of gratitude to a beneficent Providence, for the many distinguished tokens of mercy with which this department has been favored during the past year. While the summary of cases herewith presented, shows that we have not been overlooked in the especial objects, the cure and relief of the insane, for which we have labored, we have the privilege of rejoicing in having been eminently preserved from all the distressing contingencies to which institutions of this nature are unavoidably liable, having had neither accident to officer, inmate, or attendant, suicide nor escape.

The proportion of mortality is favorable, contrasted with former years ; the cases of death which have occurred, have been with hardly an exception, in subjects broken down by general decay, old age or epilepsy, no distinction as to admission having been made in consideration of any applicant's health, nor any dismissed on that account. Regarding the relief and protection of friends and families from the unavoidable distress of having an insane inmate, as an object of this Institution, secondary only to that of cure, it has been considered a duty to advise the reception indis-

criminally of all cases for which application has been made, without inquiring as to any other point than the fact of their derangement, as long as vacancies remain. In conformity to this principle there has been placed under our care, several whose state of health was such as to render speedy death almost certain, as well as many whose cases were hopeless from their long duration, or complicated with the imbecility of old age or epilepsy. The fact that six out of the eight cases of death, occurred within the first month of the sufferer's residence, presents a key to the character of many of our admissions.

The number of patients remaining at the end of December, 1836, was . . . 43 males, and 28 females, 71

Received during 1837 . 63 " 57 " 120

Whole number who have enjoyed the benefits of the

Asylum during the year . 106 males, 85 females, —

Total 191

There have been discharged during the same period :

Recovered,	Males.	Females.	Total.
Recent, ...	30	29	
Old, ...	6	7	
	36	36	72
Much improved,			
Recent, ...	0	3	
Old, ...	6	0	
	6	3	9
Improved,			
Recent, ...	2	0	
Old, ...	1	1	
	3	1	4
Not improved,			
Recent, ...	1	1	
Old, ...	4	3	
	5	4	9

Dead,								
Recent,	.	.	.	.	1	2		
Old,	.	.	.	.	2	3		
					<u>3</u>	<u>5</u>	8	
Unfit (not proving insane,)	.	.	.	.	.	.	3	
Total discharged,	.	.	.	.	.	.	105	
Number remaining January 1, 1838,	.	.	.	.	.	.	86	

While the absolute numbers of those resorting here for relief,* considerably augmented beyond former years, affords proof of the general confidence which a long series of years of prudent and successful management has gained for the Institution, the increased proportion of recoveries presented, demonstrates that more correct views in regard to the importance of early treatment, and of perseverance in curative efforts, have obtained in the public mind, as well as gives ground for the belief that the facilities added year after year have not proved useless in extending the success of moral and medical management.

The proportion of recoveries of those discharged during the past year has been in recent cases,† $86\frac{1}{2}$ per cent; of old cases, 38 per cent, and of all about 71 per cent; a measure of success, which it is believed will not be found to have been exceeded in the annals of institutions of this kind.

To illustrate the often repeated subject of the high importance of early subjection to the treatment of a proper institution, it may be mentioned that of all those dismissed during the year whose cases did not exceed six months' standing before admission, with the exception of some few promising instances in which the pecuniary inability of friends compelled a removal after the insufficient trial of not more than a single quarter, every individual was be-

* Note B.

† It is important in any comparison of results, to notice whether in the division of cases, the term *recent* is confined to cases of a duration of six months or a year, as the difference is very material, and no uniform standard is employed in insane hospitals. Here, cases of not over a year's standing are considered *recent*. If cases of only six months' and less were deemed *recent*, the results would appear still more favorable.

lieved to have been restored. So that of recent cases within this limit, one hundred per cent. may justly rank as having been curable.

In relation to the importance of a thorough, persevering trial in cases of considerable duration and which resist immediate treatment, it is a subject of congratulation that we probably are enabled generally to make a fuller trial than formerly. The public is more aware of the successful results which have not unfrequently crowned persevering efforts, and the establishment and repeated enlargement of that noble institution, the State Lunatic Hospital at Worcester for the relief of those whose means are exhausted or limited, has doubtless prevented the placing of many individuals with us, the length of whose residence would from necessity be too contracted for an adequate trial of the usual remedial means. We have had the satisfaction of returning to their friends entirely restored, several interesting individuals in whom no apparent improvement was manifested after many months' residence ; one of whom particularly may be instanced, a young mechanic whose mother, a widow in moderate circumstances, persevered an entire year without his being to a superficial observer any nearer restoration, and was on the point of abandoning all hope, when the generous interposition of a mercantile firm of the same vicinity secured his residence here another quarter, which resulted in his entire recovery.

We still however have had to meet in repeated instances that most painful and disheartening circumstance in the whole circle of the duties of a physician to an Asylum for the Insane, the removal and hopeless abandonment of patients after an insufficient trial, and perhaps at the very moment when the previous laborious, anxious, and discouraging efforts are apparently on the verge of being crowned with success.

Separated entirely as the officers of this Asylum are from all connexion with the pecuniary interests of the institution, and always pressed with applications for admission, they never have any motive to recommend a continuance of patients here, except from a wish to benefit where they see room for encouragement, and

hence may without indelicacy speak plainly on this subject. While they are aware that even the lowest rate of board, although nearly seventy-five dollars per annum below the actual cost of subsistence and common attendance merely, is a considerable burden for those in moderate circumstances, yet it is manifest that a true economy would require that an attempt at taking advantage of the benefits of the Asylum either should not be entered upon, or should not be abandoned when half completed. Experience shows that a patient partially recovered almost always relapses to his original state, when removed home to his former sources of excitement and objects of association. Insanity is in this respect, unlike common physical maladies, in which the height of disease being passed, the patient continues on spontaneously to entire health ;—the constant tendency is downward, till recovery is placed on a firm basis. Let the daily moral and medical management be suspended only for a single week, even in a promising case, and a retrograde movement may be anticipated which a month may not replace.

Our register refers to too many patients more or less convalescent, who have, after the insufficient trial (for an old case at least) of a single quarter, been removed by impatient relatives at a critical period for the future prospects of the sufferers and those interested in them, although at the time of their joining the Institution no encouragement was held out, that so short a period would be sufficient. We have too often been pained, to find that friends worn out with watching, care, and anxiety, and almost despairing, who, on giving up their distressing trust to us, have had the opinion strongly pressed upon them and its correctness freely and joyfully assented to, that perhaps half a year was the shortest period worthy the name of a fair trial and that any shorter period would be their money and our labor thrown away, after the expiration of less than three months, express their surprise and disappointment that no cure had been effected ; and sometimes the same relatives, lately so happy in the prospect of benefit however remote, have removed their charge to undergo a repetition of their trials, with the superadded prospect of a permanent expenditure, instead of a temporary disbursement.

The Physician cannot express his feelings better on this subject, than by quoting the language of his lamented predecessor, in his Report to your Board, when laboring under the same sore trials: "Now with these facts before me, I wish to say to those who are about to place friends under our care, first try all the experiments you intend to do, then satisfy yourselves that you can confide in our skill, discretion, and kindness; and when your friend is placed here, leave him with confidence to our direction, until we discharge him well. If you cannot do this, do not bring him here," unless it may be added, the expectation is merely that safe custody and ameliorated condition are adequate objects, and arrangements made accordingly for a permanent residence.

With the increased number of patients, we are also gratified with the belief that there never before has been amongst them such an amount of cultivated intellect, moral worth, and value to society, as during the past year. The peculiar condition of the commercial world has been felt within our walls by the addition of not a few sufferers of the character referred to, whose urbanity of manners, encouraging example to their fellow-sufferers, grateful acknowledgments for the care and attentions bestowed on them and renewed social usefulness when restored to health, have fully repaid us for all our exertions. The freedom with which many of these respected inmates of this and former years, have referred to their residence here and their frequent and apparently not ungrateful visits to these scenes serve to evince and at the same time to contribute to the impression beginning to exist in well informed society, that alienation of mind from disease brings no disgrace to the sufferer, and deserves not to be considered or alluded to with a morbid feeling of delicacy or mortification, as if any just ground of difference existed between this and other forms of disease.

Other circumstances have also tended to improve the class of sufferers received. Amongst the manifold advantages to the community resulting from the establishment of the Hospital just referred to, this Asylum has favorably felt its influences in the generally increased uniformity of patients admitted here, as respects external

condition and position in society, arising from the fact that the great body of pauper sufferers are now received there and treated with all the aids of skill and humanity practicable. This has relieved our wards to a great degree of a class of patients truly deserving the warmest charities of their fellow-men, but who could not be brought in consociation with the body of our boarders who are from the middle and upper classes of society, without detracting from the highest practicable measure of comfort of each. This increasing absence of patients from the pauper and humbler ranks of society has rendered the classification, especially of convalescents, far less embarrassing and difficult than it would be, were other circumstances beside the condition of disease to be regarded in adapting patients to each other's society, and will doubtless eventually do away the prejudice which some may feel against a public institution as a place of residence for their friends.

With respect to the general management, moral and medical, the present Superintendent has attempted few innovations or experiments. He has rather attempted to carry out and perfect eclectically and combinedly, the respective plans of moral and medical treatment of the eminent individuals who have preceded him, not rejecting the aids offered in the experience of other institutions.

The peculiarities of the system of moral influences here applied, have been pretty fully developed in the last Annual Reports to your Board, and remain essentially the same. In this as in every institution which has kept pace with the age, every thing like severity has never been found necessary, and the great principle of mild, soothing, persuasive yet firm, decided and parental treatment has proved fully adequate to accomplish every desired result. It may be confidently alledged, that the amount of employment in useful labor and active amusement, the self-respect and self-control generally indicated in the dress, manners, and conversation of the inmates, as well as the curative results detailed, show that no inefficiency need be apprehended from the sway of gentleness and forbearance, combined with unyielding firmness, even-

handed impartiality, and adherence to good faith over the mind diseased.

There is implanted in the human breast a principle of self-esteem so deeply and universally, that there is rarely intellectual dilapidation so entire, as to place this and the influences flowing therefrom, beyond the reach of steady, patient, and enlightened research. It is on this foundation that much of the moral treatment of even the worst forms of insanity is based, and to draw out and render operative this principle, a proper classification is of the highest importance. An individual placed amongst those of polished manners and decorous deportment, will make as strong an effort as his mental disease will admit, to comport himself in character; his emulation will be strongly stimulated to deserve and attain every privilege and indulgence which he is aware that any around him enjoy. To accomplish this end, self-esteem contests with the diseased propensities often with a severe and manifest struggle, and we are not unfrequently able to trace its governing influences from the lowest grades of mental aberration to final recovery and discharge.

The high value of a proper classification of patients is felt no less in the comfort, quiet, and alleviation of those whose disease has become organic and hopeless than in those under the curative process. Though the intellect may be seriously impaired on all subjects, still more if its topics of delusion are few, the sufferer is far from being insensible to the circumstances of associates, external comforts, and conveniences around him. Frequently indeed, there is a morbid acuteness of sensibility, as to the presence of those, who from disease or rank in life are sunk below him. The latter of these occasions of distress, as we have remarked, has almost wholly been removed by the establishment of an appropriate institution; the former or that depending on difference of disease and conduct resulting therefrom, can only be obviated by suitable architectural arrangements, and in this particular every thing seems now accomplished in this Asylum which could be desired.*

* Note A.

Since the completion of the new building, known as the "Belknap Ward," it may be safely asserted, that no institution in the country presents more extended or better adapted arrangements for separating, classifying, and employing its inmates. This splendid addition is finished throughout in a style of plain elegance and thorough workmanship rarely equalled. In it are comprised all those various advantages and improvements, which the experience of this and other institutions has pointed out as valuable for the purposes designed. It contains over forty sleeping rooms, eight or ten private parlors for boarders, together with suitable dining and day-rooms, offices, &c. It will enable the Asylum in addition to its usual numbers, to receive a class of permanent female patients to any probable extent which the wants of the community may require, whose friends are anxious to have provided with all the elegancies and conveniences to which they may have been accustomed or which will tend to make their lives more happy in their affliction.

The Superintendent would do injustice to his own feelings, were he to omit a tribute of acknowledgment to the meritorious services of those who have been engaged as fellow-laborers with him in this department. The officers have generally been so long attached to the institution, and have filled their situations so acceptably as to require no eulogium. The attendants and nurses to whom as companions, guides, and friends of the insane, such a weight of moral responsibility attaches, have met every just expectation. While it has been attempted to select and compensate liberally only those of intelligence, cultivation, and moral respectability, they have been made to feel that their situation and duties were not undervalued or deemed menial. They have fully responded to this sentiment, and the zeal, patience and harmony which have characterized their efforts deserve the highest commendation.

In taking a retrospect of the year just closed, the Superintendent transferred unexpectedly to the arduous and responsible charge of this extensive establishment, unprepared by a practical acquaintance with its duties, and bringing nothing in his aid but zeal and

devotion to its objects, feels that he has been little more than an assiduous and gratified learner in a calling in which the remark of a distinguished foreign guardian of the insane, has been to him forcibly illustrated,—that “the address which is acquired by experience and constant intercourse with the insane, cannot be communicated ; it may be learned, but it must perish with its possessor.” And in humble reliance upon that Divine aid which has been so signally extended thus far, he enters upon another year of his duties in the trust that if life and health are spared, his future efforts may be undertaken with more readiness and familiarity, if not with more assiduity, and pursued with more confidence, if not with more success.

LUTHER V. BELL,

Physician and Superintendent.

Mc Lean Asylum,

Jan. 1, 1838.



NOTE A.

Those whose attention may be interested by the severe domestic affliction of having an insane relative, may be gratified with a more detailed account of the arrangements and management of the Asylum.

Beside the general division of the sexes who occupy buildings entirely disjoined from each other, the mansion house intervening, the patients of each sex are separated into several large divisions occupying different stories of the edifices. Each of these stories is subdivided into wards or halls with sleeping and day rooms and offices contiguous, which halls by a fortunate construction are widely removed from each other. In addition to these general

means of classification, a limited number of apartments in each wing are furnished in a style of elegance, to suit the views of friends in peculiar cases, and many of those whose condition and habits of life render the change agreeable are received into the family of the Physician and Steward in the mansion-house, which thus by its extensive accommodations forms that nearly essential portion of an institution, an intermediate residence where recovery can be completed and tested before the invalid emerges into society.

Adding to these divisions of the building the separate edifices known as the Lodge for the male, and the Cottage for the female patients laboring under the most violent grade of diseased excitement, we have the power of establishing twelve or fourteen classes of each sex of patients. With our usual number of inmates, this separation is not kept up in full ; for example, the strong rooms of the lodge building have scarcely been employed during the year, though were the institution filled to its greatest extent, the entire capabilities would doubtless be brought into requisition.

In each story of each wing, is a series of rooms and contiguous gallery designed for the sick and suicidal, in which separation, quiet and the presence of friends can be accorded to the former, and the greatest practicable measure of security against completing their designs to the latter.

While every facility for the purposes desired is afforded in the domiciliary portion of the arrangements, the means of taking advantage of exercise, amusements, and above all of labor, have not been overlooked. To those having a taste or fitted for agricultural and horticultural pursuits, nearly thirty acres of soil in the highest state of cultivation are presented ; to those who prefer mechanical employments, as well as to encourage labor in the inclement season of the year, a carpenter's shop fifty feet by thirty, amply furnished with tools and materials and superintended by a competent assistant, has been fitted up by removing a portion of the strong rooms which experience had proved superfluous ;— here, the experiment of mechanical labor commenced nearly two years since is safely and successfully pursued, and all the benefits

so fully and happily set forth by the acting head of the Institution in the Report of last year, have been corroborated in our later experience.

For our females and others requiring their use, carriages and horses to the extent of carrying twenty persons at once are constantly at hand, and the various objects of interest within a practicable distance with which this vicinity abounds, are frequently visited. In this connexion it may be remarked, that the local position of the Asylum is admirably adapted for its designs, surrounded on every side but one which looks into a fertile and highly cultivated country by evidences of life and activity, vessels, boats, rail-road cars, and carriages in ceaseless motion, in fact in view of the richest scenes of business and commerce, yet by reason of its isolated and peninsular situation, it is as widely removed from all interfering and exciting circumstances, as if far in the interior.

The usual means of amusing and interesting patients in similar Asylums, such as cards, chess, bowling, reading, writing, newspapers, music, &c. are constantly in use. The dancing parties and weekly reunion of the female patients in the Belknap Sewing Society, have maintained their interest and have become permanent parts of our moral means. It was a circumstance highly gratifying to the Society just named, to receive a diploma for the taste and skill of some articles of their industry, at the great Fair of the Massachusetts Charitable Mechanic Association in September last.

The daily religious services of the family, have been habitually attended by about one half of all our patients, and a meeting for religious worship has been held every Sabbath evening, at which we frequently have been favored with the assistance of some of the clerical gentlemen of the vicinity. These services, viewed merely as a means of calling into action the self-respect and self-control of the alienated mind, apart from any moral influences which they may afford to the convalescent and the partially insane or monomaniac, have been proved in the experience of this as well as of many European institutions, to be of the highest importance. They have uniformly been characterized by the most perfect silence and decorum of deportment, and liberty of attending being

held up as a motive and reward of self-control, they are regarded as a privilege not readily to be forfeited.

The effect of religious exercises, like all other means moral and medical, in the treatment of deranged mind, will depend upon the discrimination with which they are employed. Their influences are far from being adapted to every case and stage of disease, but applied with tact and judgement, much good and comparatively little risk of evil may be expected from their administration.

In concluding these remarks, it may be observed in view of the circumstances of local situation, architectural arrangements, and full provision of all the means and appliances for accomplishing the designed objects, it must ever be impossible for the head of this Institution to transfer from himself any portion of the responsibility of ill success or inferiority of curative results, as contrasted with similar establishments. While every wish or suggestion as to augmenting the facilities for increased usefulness has been so promptly and liberally met, nothing but incompetency in its direction can explain any deficiency, if the results do not satisfy the reasonable expectations of the community.

NOTE B.

TABLE OF PATIENTS RECEIVED AND DISCHARGED ANNUALLY, SINCE
THE OPENING OF THE ASYLUM, WITH THE RESULTS OF CASES.

Year.	Admitted.	Discharged.	Unfit.	Eloped.	Dead.	Not improved.	Improved.	Much improved.	Recovered.	Remaining at end of year.
1818 }										
1819 }	58	35	1	0	5	5	9	4	11	23
1820	44	40	1	4	1	11	8	4	11	27
1821	47	46	1	2	3	10	8	12	10	28
1822	64	50	0	0	5	17	8	6	14	42
1823	73	61	1	2	2	19	11	6	20	54
1824	53	56	0	1	5	14	5	8	23	51
1825	59	56	2	4	8	8	3	10	21	54
1826	47	46	0	1	5	14	5	1	20	55
1827	58	56	1	0	5	6	2	8	34	57
1828	77	65	3	0	5	12	12	10	23	69
1829	73	77	1	1	9	19	12	9	26	65
1830	82	78	0	2	10	6	8	18	34	69
1831	83	84	0	2	8	16	15	13	30	68
1832	94	98	1	0	10	14	9	21	43	64
1833	103	100	0	2	8	10	25	13	42	67
1834	107	95	0	0	7	6	15	26	41	80
1835	83	84	1	0	11	7	11	9	45	77
1836	106	112	0	0	10	24	5	9	64	71
1837	120	105	3	0	8	8	4	10	72	86

APPENDIX.

At the annual meeting of the Massachusetts General Hospital, held January 24, 1838, Voted, that the Corporation entirely concur in the sentiments expressed by the Board of Trustees, in their votes adopted upon the resignation of Dr. Jackson, and that the Trustees be requested to print the same with the Annual Report.

The votes thus referred to, are as follows :—

1. October 13, 1837. A communication from Dr. Jackson, by which he resigns his situation as one of the Physicians of the Hospital, having been received and read, it was unanimously Voted, That the Trustees have learned this determination of Dr. Jackson, with the utmost regret. Connected as he has been with this Institution from its first establishment, they are well aware how much he has always done to raise and maintain its reputation, and to extend its usefulness. Possessing the purest and most exemplary private character, with talents and attainments which have placed him at the head of the profession, and with kind and affable manners, which have won the affection of his patients, and conciliated the esteem and good will of his associates—the Trustees cannot but regard his retirement from the Hospital, as a most severe and serious loss. While they accept his resignation there-

fore, they avail themselves of the opportunity, publicly to acknowledge, that he was among the most active and influential of the original founders of the Hospital, that by an uniform course of disinterested professional and personal services, he has ever been one of its ablest officers and best friends, and that he is thus in their opinion, entitled to the lasting gratitude of the Institution and of the community.

Voted also, That as a testimonial of the respect of the Trustees for Dr. Jackson, a free bed in the Hospital, be placed at his disposal during life.

2. December 3, 1837. The Committee appointed to consider and report what further marks of respect should be paid to Dr. Jackson, made the following report, which was read and accepted.—

“The Trustees of the Massachusetts General Hospital, having received from Dr. Jackson the resignation of the office he has held since the first establishment of the Institution, cannot suffer a circumstance of so much interest in the Hospital, to occur, without special notice of it on their records.

It was, in great measure, owing to the active efforts of Dr. Jackson, and to the general knowledge of the fact that he would interest himself in its success, that this great charity was founded among us. So strong and just was the confidence of the community in his personal and professional character, that all suspicions of possible abuse, in an Institution of the kind under his care, were speedily overcome; and liberally disposed persons were readily found to intrust to his integrity and skill, the necessary funds for the foundation of an establishment which should do honor to the city. From its earliest existence to the present time, the Hospital has been watched over by Dr. Jackson, with a zeal and fidelity which could not be surpassed; and has acquired a reputation, and been conducted with a success, highly honorable to him and to the other distinguished professional gentlemen with whom he has been

associated. While his direct influence on the welfare of the Institution, has been thus decided and beneficial, the Trustees cannot but consider as equally valuable, the indirect influence of the example of disinterested and faithful labor for the general good, which he has given to the profession and the public. Under his constant attention, together with that of the professional friends assembled around him, the system on which the Hospital is conducted has been perfected, till it seems, at length, admirably adapted to the purposes for which the Institution was founded, and promises to insure its utility during all its future existence. Long may it continue, by doing good to all classes, to embalm the memory of one who had so large a share in its foundation, and in conducting it to its present high rank ; and long may this community enjoy the benefit of the direct and indirect influence of the pure, benevolent, and elevated character of Dr. Jackson.

The Trustees, in communicating this copy of their record, take the occasion to request Dr. Jackson to sit for his portrait, to some artist of talent, that it may adorn the walls which have so often been the witnesses of his disinterested labors."

OFFICERS OF THE INSTITUTION.

1838.

EDWARD TUCKERMAN, *President.*

JONATHAN PHILLIPS, *Vice-President.*

HENRY ANDREWS, *Treasurer.*

WILLIAM GRAY, *Secretary.*

TRUSTEES.

CHARLES AMORY,
WILLIAM APPLETON,
GEORGE BOND,
NATHANIEL I. BOWDITCH,
MARTIN BRIMMER,
THOMAS B. CURTIS,

HENRY EDWARDS,
SAMUEL A. ELIOT,
ROBERT HOOPER, JR.,
THOMAS LAMB,
SAMUEL LAWRENCE,
ROBERT G. SHAW.

Consulting Physicians.

JAMES JACKSON, M. D. JOHN RANDALL, M. D. GEORGE C.
SHATTUCK, M. D. JOHN WARE, M. D.

Consulting Surgeons.

GEORGE B. DOANE, M. D. JOHN JEFFRIES, M. D. ABEL L.
PEIRSON, M. D. SOLOMON D. TOWNSEND, M. D.

Officers of the Hospital.

GAMALIEL BRADFORD, M. D. *Superintendent.*

WALTER CHANNING, M. D.	}	<i>Physicians.</i>
JACOB BIGELOW, M. D.		
ENOCH HALE, M. D.		
JOHN C. WARREN, M. D.	}	<i>Surgeons.</i>
GEORGE HAYWARD, M. D.		

JOHN B. S. JACKSON, M. D. *Assistant Physician.*

JOSEPH SARGENT, *House Physician.*

WILLIAM MACK, *House Surgeon.*

CHARLES K. WHIPPLE, *Apothecary.*

Officers of the Mc Lean Asylum.

LUTHER V. BELL, M. D. *Physician and Superintendent.*

JOHN R. LEE, M. D. *Assistant Physician and Apothecary.*

COLUMBUS TYLER, *Steward.*

Mrs. MARY E. TYLER, *Matron.*

HOMER GOODHUE, *Male Supervisor.*

MISS RELIEF R. BARBER, *Female Supervisor.*

VISITING COMMITTEES

FOR

1838-9.

February, ...	Messrs.	BOND and APPLETON.
March, ...	"	APPLETON and LAWRENCE.
April, ...	"	LAWRENCE and ELIOT.
May, ...	"	ELIOT and BOWDITCH.
June, ...	"	BOWDITCH and LAMB.
July, ...	"	LAMB and EDWARDS.
August, ...	"	EDWARDS and SHAW.
September, ...	"	SHAW and CURTIS.
October, ...	"	CURTIS and BRIMMER.
November, ...	"	BRIMMER and HOOPER.
December, ...	"	HOOPER and AMORY.
January, ...	"	AMORY and BOND.

ANNUAL REPORT

OF THE

Board of Trustees

OF THE

MASSACHUSETTS

GENERAL HOSPITAL,

FOR THE YEAR

1888.



ANNUAL REPORT

OF THE

Board of Trustees

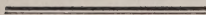
OF THE

MASSACHUSETTS

GENERAL HOSPITAL,

FOR THE YEAR

1838.



BOSTON:

PRESS OF JAMES LORING.

—
1839.

REPORT

OF THE

BOARD OF TRUSTEES OF THE MASSACHUSETTS GENERAL
HOSPITAL, PRESENTED TO THE CORPORATION AT
THEIR ANNUAL MEETING, JANUARY 23, 1839.

THE Committee of the Trustees of the General Hospital, appointed to examine the accounts of the Treasurer, and to prepare the statement of the condition of the Institution, annually laid before the Corporation, respectfully report:—

That they have examined the accounts of the Treasurer and the certificates of property in his possession belonging to the Institution, all of which they find to be correct.

The Committee regret to state, that owing to the ill state of health of the Superintendent of the Hospital, Dr. Bradford, the Trustees have found it expedient to grant him leave of absence for a few months, in the hope that a more congenial climate, and the relief from arduous cares, may restore him with renewed strength to a career of usefulness. In the meantime, his duties have been satisfactorily performed by Dr. Benjamin F. Parker, late a resident physician of the house.

The past year has been one of very considerable anxiety to the Trustees, in consequence of the embarrassed state of their finances, and the diminution of their receipts consequent upon the unexampled difficulties of the times, which have seriously affected a portion of the property in which their funds have been invested.

It will be perceived, on reference to the Treasurer's accounts, that the receipts of the General Hospital for the past year are as follows, viz. :—

Annual subscription for free beds, ...	\$1,300
Dividends on stocks, ...	\$2,141
Rents—store in Washington street, ...	900
	3,041
Sale of four shares of new stock in the Merrimack Manufacturing Company, ...	4,240
The bequest of S. Courtis, compromised, ...	2,500
	6,740
Dividend from Mass. General Hospital, to be received, ...	5,000
	\$16,081

The Expenditures per Treasurer's Accounts.

Completion of the Belknap Ward—west wing of the Asylum, ...	\$1,284 45
Salaries of officers of Mc Lean Asylum, ...	4,300
Expenses of General Hospital, ...	9,680 28
Salaries of officers of do.	850
Interest on loans, ...	1,200
Incidental expenses—taxes, printing, tolls, &c.	191 51
	\$17,506 24

Excess of expenditures over receipts, \$1,425 24.

The four shares of the Merrimack Manufacturing Company sold as above, might, with propriety, and the \$2,500 received from the will of S. Courtis, should be considered as capital, all of which it has been necessary to expend to meet the current expenses of the year, which otherwise must have exceeded the receipts more than \$8,000. There is due to the Life Insurance Company \$50,000, of which debt, \$40,000 has been incurred to build the

Belknap Ward of the Mc Lean Asylum—an erection absolutely necessary to meet the increased demand for the accommodation of female patients. This money, it is believed, has been expended with judgment and economy, and it is very certain that the building is admirably calculated for the purposes for which it was intended.

It will be very obvious in examining the annexed report of the Superintendant of the Hospital, in what way these difficulties have been experienced, and to what extent its usefulness has been diminished in consequence of the decrease of receipts. The painful alternative was early offered to the Trustees, either of increasing the debt of the Institution, or of curtailing its sphere of usefulness. The Trustees prudently adopted the latter, and of the fifteen free beds which had been supported by the funds of the Institution, in addition to those maintained by benevolent individuals, they were obliged to cut off ten, and reserving two for cases of accidents, for which it was absolutely necessary that provision should be made. On examination of the return of the Assistant Physician, it appears that the whole number of applications for admission into the Hospital has been . . . 576
 Rejected in consequence of want of free beds, . . . 104
 Cases unfit for various reasons to be admitted, . . . 92–196
 Whole number of cases treated at the Hospital, . . . 380

It will be seen in reference to the report of the Superintendent that the average time which free patients remain is $5\frac{7}{8}$ weeks. The ten beds would have afforded accommodation for 520 weeks, which, at an average occupation of $5\frac{7}{8}$ weeks to each patient, 90 individuals have been deprived of the advantages of the Institution who would otherwise have been admitted. Notwithstanding the diminished means of usefulness, the number of surgical operations performed in the Hospital has increased the past year. The visit of Dr. Warren to Europe afforded a favourable opportunity of procuring the best and latest improvements in surgical instruments, which the Trustees have availed themselves of, at considerable expense, to the requisite extent. The Massachusetts General Hospital has always aimed to adopt and introduce the most

recent improvements and discoveries in medicine and surgery. The apparatus provided for the cure and comfort of the sick is not inferior to that in the best Hospitals in Europe ; compared with most of them it is superior—advances in medical practice are made there which react upon the whole community, and which could not be accomplished in private practice.*

The west wing of the Mc Lean Asylum, at Charlestown, called the Belknap Ward, having been completed and finished the past year, that Institution is now in a situation which cannot fail to be most gratifying to the Corporation and to the public. This is the more satisfactory, because every dollar granted to this department can hereafter be applied to the support and recovery of the Insane. Heretofore it has been found necessary to expend large amounts in the requisite preparations ; these are now completed, and are adequate to doing full justice to one hundred and fifty patients. In addition to the Belknap Ward above referred to, twelve new rooms have been finished in the male department.

The importance and advantage of the increased accommodations may be best seen by comparing the number of admissions the past year with those of the two previous.

The whole number admitted into the Asylum in 1836 was 183

do.	do.	do.	1837 “	191
do.	do.	do.	1838 “	224

being an increase of 33 over 1837, and 41 over 1836. And there is every prospect that the increase in the population and the high reputation of the Institution will render its means of usefulness still more extensive.

Your Committee beg leave to refer to the annexed annual report of the Superintendent of the Mc Lean Asylum, for a table of admissions and discharges during the year. The number of recoveries under the mild system adopted, particularly of recent cases, is most satisfactory. It appears that of the *recent cases* of insanity excluding deaths and patients prematurely removed, *the whole have recovered.*

* Between 80 and 90 Medical Students visit the Hospital twice a week during the Medical Lectures.

This remarkable result goes far to corroborate the opinion now so generally entertained, that insanity is a physical and not a purely mental disease—that it is traceable to some cause—that it is hereditary or that it owes its origin to a derangement of the organization of the body, operating upon that most delicate organ the brain, and capable of being cured by skilful treatment like any other disease, and not an inscrutable visitation of God, which the skill of man may in vain attempt to remove or avert. It demonstrates the importance, as in other diseases, of early treatment, and the danger of delay either in the hope of cure, if left to the operation of nature, or through the desire of concealment from the fear of disgrace, falsely attached to a complaint of this nature. But above all does it appeal strongly to a benevolent and enlightened public, that the means of treatment might be placed within the reach of all who require it. To omit to provide the means of recovery to those visited by this greatest of afflictions, is denying the physician to the sick, and medicine to those who most need it.

The premature removal of patients for want of means, has always been a cause of deep regret to the Trustees. The Committee cannot avoid making an extract from a letter from the Superintendent, enclosing his reports, in relation to this subject. “As I wish,” he says, “to illustrate how much more good could have been effected, had there been even a limited fund for the purpose of continuing, in particular cases, the term a few weeks or months longer, after the means of the friends of the insane person have been exhausted, I will recapitulate the results of two years experience during which the Asylum has been under my charge. In 1837, 72 patients recovered, 10 dismissed as much improved, and 4 as improved; nearly all these last fourteen were not sufficiently long under the treatment of the Asylum to have the results as regards recovery determined. In 1838, 74 recovered, and 21 others were necessarily removed, and always from pecuniary considerations after an insufficient trial. There are beyond a doubt, in this list of 35 individuals, at least 20 to 25 who would have recovered, could the length of their stay have been increased on an average three months! At our lowest rate of board, this number

of persons in completing their restoration to health, to society, and to themselves, would require an expenditure of 700 to 1000 dollars only, and in the rapidly augmented number of cases annually admitted, there is no reasonable expectation that this unhappy class of patients thus prematurely dismissed will be less hereafter."

Here again the Trustees have to regret their want of means to carry out the great purposes of usefulness which the Institution was intended to accomplish—thus for the want of a few hundred dollars, 20 to 25 individuals are deprived of the means of complete restoration from a malady, the greatest with which humanity can be afflicted. The Committee would refer to two interesting tables furnished by the Superintendent, one of the occupations of the male patients since the establishment of the Asylum in 1818, and the other of the residences of all the patients during the same period. The former shows the occupations of the male patients only, the females not being capable of classification for obvious reasons. This table demonstrates how extensively the various ranks of society have been benefited by the Institution, hardly a profession, or an occupation which does not find here some representative. And it is not a little remarkable that the occupation which of all others has been deemed most healthful, and which from the absence of all causes of excitement could be less than any other, exposed to insanity—that of the farmer, furnishes the greatest number of patients for the Asylum, being nearly 30 per cent. of the whole number of males admitted.

The table of the residences of the whole number of patients, shows how largely this Commonwealth has availed itself of the advantages of the Institution—more than three quarters having been residents of this State. It will be seen on reference to the return of the steward, that the receipts of the Mc Lean Asylum have nearly equalled the expenses of the establishment, including the salaries of the officers, the deficiency being only about \$1100. It is to be hoped that the next year the Asylum for the insane will support itself. The reduced state of their income has decided the Trustees to dispense with the services of the Assistant Physician to the Asylum, and to substitute a House Apothecary.

Your Committee are aware, that there is an impression abroad that the funds of the Massachusetts General Hospital, are ample for all the purposes for which they are required. This opinion as will be seen by the foregoing statement is erroneous. Munificent donations were bestowed upon the Institution in the early stages of its establishment, and more recently in its progress to its present situation. But it should be recollected, not only that sites were to be obtained and buildings were to be erected, commensurate with the wants of the present generation, but a substantial foundation was to be laid for the increasing wants of posterity, and for these purposes it is obvious that heavy expenditures must be required.

That these expenditures have been made with judicious economy, no one who has the opportunity of examination can doubt. And if the measure of usefulness is any criterion by which to judge of the propriety of expenditures, we cannot fail to award to those who in times past have directed the affairs of this Institution, the meed of just approbation.

The Massachusetts General Hospital having been thus placed in a position to be eminently useful and highly creditable to the community in which it is placed, it remains to be seen if the public will sustain it.

M. BRIMMER,
HENRY EDWARDS.

Occupations of male patients admitted to the Mc Lean Asylum, during a period of 20 years from the opening of the Institution in October, 1818.

Farmers, ...	184	Bookbinders, . . .	2
Merchants, . . .	132	Watchmakers, . . .	5
Mariners, ...	69	Bakers, ...	5
Carpenters, . . .	53	Tinplateworkers, . .	4
Clerks, ...	46	Glassblowers, . . .	3
Students, ...	42	Masons, ...	3
Shoemakers, . . .	44	Truckmen, ...	4
No occupation, . .	30	Tanners, ...	4
Laborers, ...	26	Butchers, ...	4
Blacksmiths, . . .	22	Stablers, ...	2
Physicians, ...	25	Barbers, ...	2
Teachers, ...	19	Plumbers, ...	2
Printers, ...	16	Engravers, ...	3
Taverners, ...	16	Tailors, ...	3
Lawyers, ...	16	Dancingmasters, . .	2
Boys, ...	17	Stevedores, ...	2
Dyers, Clothiers, &c.	12	Officers of United States'	
Wheelwrights, . . .	10	Navy and Army, . .	4
Painters, ...	10	Distillers, ...	2
Cabinetmakers, . .	9	Engineer, ...	1
Machinists, ...	8	Upholsterers, . . .	2
Clergymen, ...	10	Papermaker, ...	1
Manufacturers, . .	8	Stagedriver, ...	1
Sailmakers, ...	8	Miller, ...	1
Sadlers, ...	8	Hatter, ...	1
Coopers, ...	8	Rigger, ...	1
Stonecutters, . . .	6		918

The following table of the residences of the patients, will show how great a proportion of the advantages of the Institution have accrued to the inhabitants of this Commonwealth.

Massachusetts,		New Brunswick, . .	15
Boston, ...	458	Vermont, ...	10
Other towns, . .	774	New York, ...	9
New Hampshire, . .	118	South Carolina, . .	2
Maine, ...	120	Ohio, ...	1
Rhode Island, . . .	42	Canada, ...	2
Connecticut, ...	7	Alabama, ...	1
Virginia, ...	1	Maryland, ...	1
Europe, ...	5	District of Columbia,	2
West Indies, ...	2		1570

REPORT

OF THE

SUPERINTENDENT OF THE HOSPITAL IN ALLEN STREET,
BOSTON, FOR THE YEAR 1838.

*Admitted at the Massachusetts General Hospital, from January 1,
1838, to January 1, 1839.*

	Males.	Females.	Total.
Patients paying board, ...	153	52	205
do. do. part of time, ...	24	18	42
do. entirely free, ...	48	85	133
	225	155	380

Discharged during the same period.

	Males.	Females.	Total.
Well, ...	107	67	174
Much relieved, ...	38	28	66
Relieved, ...	32	23	55
Not relieved, ...	20	28	48
Died, ...	23	12	35
Eloped, ...	3	0	3
Unfit, ...	3	0	3
	226	158	384

Proportion of deaths to whole number of results—1 in 11.

	Private Rooms.	Ward paying.	Free.	In the whole house.
Greatest N ^o . of patients at any one visit,	6	26	32	53
Least do. do. do.	0	10	16	35
Average population,	2.9	16.84	23.46	43.2
do. foreign population,				15.1
Proportion of Ward beds occupied by free patients, nearly $\frac{5}{8}$.				
Average time of stay of Ward-paying patients, about $3\frac{1}{2}$ weeks.				
do. do. free		do.	about $5\frac{7}{8}$ weeks.	

Analysis of Patients.

	Free.	Paying.
Males.....Sailors, ...	1	21
Mechanics, ...	10	49
Teamsters, Drivers, &c.	4	5
Farmers, ...	1	12
Clerks, Traders, &c.	3	13
Laborers, ...	25	28
Minors, ...	2	14
Domestics, ...	2	9
Gardeners, ...	1	3
Clergymen, ...	0	2
Physicians, ...	0	2
Other occupations, ...	2	16
Of these, there were in private rooms,	0	18
Females....Domestics, ...	50	29
Wives, ...	11	10
Seamstresses, &c.	12	7
Minors, ...	11	8
Spinsters, ...	1	4
Other occupations, ...	4	8
Of these, there were in private rooms,	0	9

Of the free patients, more than one third were female domestics, and rather more than one sixth laborers, of whom one half were Irish.

Annual Expenses for 1838.

Stores, ...	5,412 72	
Wages, ...	3,612 71	
Fuel, ...	1,393 49	
Furniture, ...	1,016 98	
Medicine, ...	822 60	
Repairs, ...	786 56	
Stationary, ...	82 52	
Grounds, ...	12 00	
	\$13,139 58	
Deduct Contingent Cr.	43 04	
		\$13,096 54

The amount charged for board during the year was—

To paying patients, ...	3,592 09
To Treasurer, for free patients' board, ...	3,635 18
	\$7,227 27

If from the amount of annual expense	13,096 54
we deduct the charges for repairs and improvements, ...	1,011 32
and the balance, ...	\$12,085 22
be divided by 52, giving	232 41
and this quotient by the average population, 43.2,	
there results for the weekly expense of a patient, ...	\$5 38

BENJAMIN F. PARKER, for

G. BRADFORD, *Superintendent.*

To the Board of Trustees.

TWENTY-FIRST

ANNUAL REPORT

OF THE

PHYSICIAN AND SUPERINTENDENT OF THE McLEAN
ASYLUM FOR THE INSANE.

It is again the grateful privilege of the Physician and Superintendent of the Asylum, to report to the Trustees of the Massachusetts General Hospital, in conformity to the regulations, that another year of unmixed prosperity has passed over this department of the institution under their care.

In the much increased extent of operations of the Asylum, in the success of its curative results as contrasted with former years, or with other similar institutions, in its exemption from those painful incidents against which all human vigilance will not always defend, in the comfort and security of its custodial means as respects the hopeless and the relief of friends, and lastly, in its financial arrangements and results, it is confidently hoped that it has not fallen short in its high duties and responsibilities to the public.

The whole number of patients remaining in the house at the commencement of the year, was	Males. 49	Females. 37	Total. 86
There have been received during the year,	79	59	138
Total enjoying the benefits of the Asylum,	128	96	224

During the year have been discharged,

	Total.	Males.	Females.	Old cases.	Recent cases, i. e. of under 1 year before admission.
Recovered,	74	46	28	16	58
Much improved,	2	2	0	2	0
Improved,	7	4	3	7	0
Not improved,	13	5	8	13	0
Died,	12	6	6	6	6
Eloped,	0	0	0	0	0
Unfit,	2	1	1	0	0
After insufficient trial,	21	6	15	11	10
Total discharged,	131	70	61	55	74
Remaining Jan. 1, 1839,		58	35	Total	93

The following is the proportion of recoveries :

Of all recent cases discharged,	. . .	78 $\frac{1}{3}$ per cent.
Of all old cases,	. . .	28 “
Of all cases, recent and old,	. . .	56 “
Of recent cases, exclusive of those who have died, or have been prematurely removed,		100 “
Of old cases, exclusive, &c.	. . .	40 “
Of all cases, exclusive, &c.	. . .	75 $\frac{1}{2}$ “

Of the class reported as having had an insufficient trial, 10 were much improved, 7 were improved, and 4 were not improved at the date of their discharge. It is confidently believed that almost all of these would have been restored, had it been in the power of friends to have given them an adequate trial.

I do not propose at this time to go into as full a detail of the condition and results of the institution, as has of late been customary, and for the following reasons. During every month, frequent applications are made at the Asylum for information respecting its facilities for receiving and treating patients, its mode of management and results, from individuals who are desirous of subjecting their friends to its aids and care, and most of whom have never had their attention called to the subject of the provision for the insane, and whose ideas as to the means pursued, the probable event in

various cases, as well as their own duty in the premises, are generally crude, prejudiced and erroneous. It is then of great convenience to the direction of the institution, as well as of advantage to the applicants for its aids, that all the requisite information by which friends of patients would be able to govern themselves understandingly and judiciously, should be communicated freely : disappointment and dissatisfaction being rarely experienced except by those who are ignorant of what an Asylum may be justly expected to accomplish.

There is another class in the community, anxiously seeking information in regard to the detail of these institutions for the insane, with a view to intelligent action in the establishment of similar charities elsewhere, and whose attention is perhaps particularly directed to this as the oldest, the most liberally provided, and probably the most complete of any in the country, whose inquiries deserve to be gratified.

Hitherto the imperfect details of the various annual reports, the rules and regulations, the forms of admission, &c. have been distributed to inquirers, as affording a portion, though incomplete, of the desired information. As most of these are out of print, it has been thought advisable, as convenient to ourselves and the public, to prepare a full and detailed account of the Asylum, its facilities and results. As regards the latter, the expiration with the year just closed, of twenty entire years since the institution went into operation, seems to fix a suitable point at which the various statistical facts should be aggregated.

In pursuance of this plan, it is designed to present hereafter, a supplementary report.

LUTHER V. BELL,

Physician and Superintendent.

Mc Lean Asylum,

Jan. 1, 1839.

REPORT

OF THE

STEWARD OF THE Mc LEAN ASYLUM FOR THE INSANE,
FOR THE YEAR 1838.

THE following sums are the balances of the several accounts at
this Institution for the year 1838.

Stores,	.	.	.	.	.	.	\$8,644 97
Wages,	.	.	.	.	.	.	3,391 94
Medicine,	.	.	.	.	.	.	376 18
Fuel,	.	.	.	.	.	.	1,580 01
Contingencies,	.	.	.	.	.	.	519 71
Furniture,	.	.	.	.	.	.	936 49
Belknap Ward,	.	.	.	.	.	.	1,024 31
Boxes,	.	.	.	.	.	.	70 09
Repairs,	.	.	.	.	.	.	502 59
Improvements,	.	.	.	.	.	.	545 74
Diversions,	.	.	.	.	.	.	849 00
Stationary,	.	.	.	.	.	.	65 77
Library,	.	.	.	.	.	.	37 30
Abatement,	.	.	.	.	.	.	61 82
New Building,	.	.	.	.	.	.	1,490 79

\$20,096 71

Deduct credit of Farm, &c. . . 1,696 45

“ excess of stores on hand

over last year, . . . 515 09 2,211 54

Year's expenditure (exclusive of salaries,) \$17,885 17

COLUMBUS TYLER, *Steward.*

Mc Lean Asylum, Jan. 9, 1839.

OFFICERS OF THE INSTITUTION.

1839.

EDWARD TUCKERMAN, *President.*

JONATHAN PHILLIPS, *Vice-President.*

HENRY ANDREWS, *Treasurer.*

WILLIAM GRAY, *Secretary.*

TRUSTEES.

CHARLES AMORY,

WILLIAM APPLETON,

GEORGE BOND,

NATHANIEL I. BOWDITCH,

MARTIN BRIMMER,

GEORGE M. DEXTER,

HENRY EDWARDS,

ROBERT HOOPER, JR.,

THOMAS LAMB,

FRANCIS C. LOWELL,

HENRY B. ROGERS,

ROBERT G. SHAW.

Consulting Physicians.

JAMES JACKSON, M. D. JOHN RANDALL, M. D. GEORGE C.
SHATTUCK, M. D. JOHN HOMANS, M. D.

Consulting Surgeons.

GEORGE B. DOANE, M. D. JOHN JEFFRIES, M. D. ABEL L.
PEIRSON, M. D. EDWARD REYNOLDS, M. D.

Officers of the Hospital.

GAMALIEL BRADFORD, M. D. *Superintendent.*

JACOB BIGELOW, M. D.

ENOCH HALE, M. D.

JOHN WARE, M. D.

} *Physicians.*

JOHN C. WARREN, M. D.

GEORGE HAYWARD, M. D.

SOLOMON D. TOWNSEND, M. D.

} *Surgeons.*

HENRY I. BOWDITCH, M. D. *Assistant Physician.*

HENRY J. BIGELOW, *House Physician.*

JOHN B. JOHNSON, *House Surgeon.*

CHARLES K. WHIPPLE, *Apothecary.*

Officers of the Mc Lean Asylum.

LUTHER V. BELL, M. D. *Physician and Superintendent.*

JOHN FOX, M. D. *House Apothecary.*

COLUMBUS TYLER, *Steward.*

MRS. MARY E. TYLER, *Matron.*

HOMER GOODHUE, *Male Supervisor.*

MISS RELIEF R. BARBER, *Female Supervisor.*

VISITING COMMITTEES

FOR

1839-40.

March, ...	Messrs. APPLETON and LOWELL.
April, ...	" LOWELL and AMORY.
May, ...	" AMORY and DEXTER.
June, ...	" DEXTER and BOWDITCH.
July, ...	" BOWDITCH and BOND.
August, ...	" BOND and LAMB.
September, ...	" LAMB and SHAW.
October, ...	" SHAW and BRIMMER.
November, ...	" BRIMMER and ROGERS.
December, ...	" ROGERS and HOOPER.
January, ...	" HOOPER and EDWARDS.
February, ...	" EDWARDS and APPLETON.

ANNUAL REPORT

TO THE

BOARD OF TRUSTEES

OF THE

MASSACHUSETTS

GENERAL HOSPITAL,

FOR THE YEAR

1839.

BOSTON:

JOHN H. EASTBURN, PRINTER,

No. 18 State Street.

1840.

ANNUAL REPORT

TO THE

BOARD OF TRUSTEES

OF THE

MASSACHUSETTS

GENERAL HOSPITAL,

FOR THE YEAR

1839.

BOSTON:

JOHN H. EASTBURN, PRINTER,

No. 18 State Street.

1840.

R E P O R T.

THE Committee of the Trustees of the Massachusetts General Hospital, appointed to prepare a written report on the Treasurer's account, and upon the general state of the Institution, to be laid before the corporation, respectfully report, "That they have examined the Treasurer's account, and the statement of property in his hands, and the vouchers and evidences thereof, and believe them to be correct.

The annual statistics of the two departments, as prepared by the acting Superintendent of the Hospital and the Steward of the Asylum, and the report of Dr. Bell, Physician and Superintendent of the McLean Asylum, are also herewith submitted.

During the last year, it has been our painful duty to record the death of Dr. Gamaliel Bradford, a man equally remarkable for strict integrity of purpose, and great independence of judgment.

Since his loss, the board have taken measures to secure the services of Capt. Charles Sumner, as Superintendent of the Hospital. Fortunately the Trustees had a choice among several gentlemen highly recommended and well qualified to fill this office. Capt. Sumner intends, on the first of April, to move to the Hospital with his family, and enter on the duties of his office. Dr. Benjamin F. Parker, in the meantime, kindly and ably fills the office of Superintendent, and Mrs. Bradford continues for the present, her valuable though unostentatious services, which have heretofore contributed so much to the success of the establishment.

The number of patients admitted at the Hospital in this city last year, was less than usual, and we are happy to add the proportion of deaths to the whole number of cases, was also less than common.

Total number of patients admitted at the Hospital in this city 369, of whom 195 have paid for their board, 38 more have paid a part of the time, and 136 have not paid. 81 patients have been refused admittance from the want of free beds.

The design of this Hospital is different from that of many others, inasmuch as it is intended as a retreat in sickness for those who can and do pay their own board; as well as for those, whom sickness or accidents may have deprived of the means of doing so. And it is the wish and intention of the Trustees that all the patients should be treated, not only with all due kindness, but also with as much consideration as they could expect if the institution depended solely on the patronage of its patients for support.

The founders of the Hospital, several of whom are still members of the corporation, have obtained grounds and erected buildings, fully sufficient for our present wants, and have left but little more to be done in this way for many years to come.

But we must depend upon the liberality of the public to supply a part of the means necessary to defray the daily expenses of the institution. The very liberal manner in which this institution has been endowed, and the ability with which it has been conducted, have to a great extent removed the prejudice which at first existed against entering the Hospital as a patient. This prejudice regarded it as a poor-house under a new name. While this prejudice remained, the institution would fail in its highest aim, that of affording relief to the high-minded, independent, useful citizen, who would be unwilling to obtain the cure of bodily pain and sickness, at the expense of social degradation. To restore to health such as these, is one of the highest objects of the institution, and before you could administer to them, you must remove their prejudices against entering

the Hospital as patients. This is already to a great extent accomplished. A large part of the community now understand, that if from any cause they cannot be taken care of in the bosoms of their own families, there is no other situation, where they can more respectably, comfortably, and economically place themselves than in your Hospital. The very liberal and substantial manner in which this Hospital was founded, will also enable the Trustees to apply economically any funds which may be placed in their hands for the benefit of the poorer patients.

In this connection, we cannot refrain from returning thanks to the eminent members of the Medical Faculty in this city, who have by turns gratuitously devoted so much of their time and talents to this Hospital.

In making our report on the general condition of the McLean Asylum, to gentlemen familiar with it in past years, we need only say that it continues to improve.

It would be difficult to find language that would imply greater praise to those who have the care of it.

On the first of January, 1839, there were in the Asylum - - - - - 93 patients.

Received during the year,	-	-	-	-	-	132	"
						225	"

Discharged during the year.

Recovered,	-	-	-	-	-	69	"
Improved,	-	-	-	-	-	22	"
Not improved,	-	-	-	-	-	16	"
Dead,	-	-	-	-	-	10	"
						117	"

Leaving in the house to last day December,						108	"
--	--	--	--	--	--	-----	---

The expense for each patient, including stores, fuel, salaries, wages, medicine, furniture, ordinary repairs, diversions, stationary and contingencies, is only \$3 42 per week. We are much pleased to add that the board received from the patients has defrayed the current expenses of the Asylum.

The accommodations for patients have been much enlarged at a comparatively trifling expense.

For further interesting particulars we would refer you to the report of the Physician and Steward, which cannot be well condensed.

It will be perceived, on reference to the Treasurer's account, that the receipts of the General Hospital, for the past year, are as follows, viz :

Dividends on various Stocks,	-	-	-	5,687	50
Rent of Store in Washington Street and Tax,				759	75
Received of Massachusetts Hospital Life Insurance Company,	-	-	-	5,000	00
Received from the Steward of the McLean Asylum,	-	-	-	3,000	00
Received from Miss E. S. and R. Waldo,	-			100	00
“ “ J. D. Williams, Esq.	-	-		100	00
“ “ John Parker, Esq.	-	-		100	00
“ “ Mrs. Hannah Joy,	-	-		100	00
“ “ Hon. Charles Jackson,	-	-		100	00
“ “ P. T. Jackson, Esq.	-	-		100	00
“ “ Mrs. Elizabeth Salisbury,	-			100	00
“ “ Daniel Waldo, Esq.	-	-		100	00
“ “ Martin Brimmer, Esq.	-	-		100	00
“ “ John P. Cushing, Esq.	-	-		200	00
“ “ William Appleton, Esq.	-			100	00
“ “ Humane Society,	-	-		300	00
“ “ Signior L. G. Ferreira,	-			100	00
“ “ Rejoice Newton, account of legacy from Osiah Thomas,	-			72	00
“ “ Amos Lawrence, Esq.	-	-		100	00
“ “ Theodore Lyman, Esq.	-	-		100	00

Received from Mr. R. Haskins, on account of board of J. Haskins, - -	100 00
	16,419 25
Add balance on hand at beginning of the year,	5,032 10
	\$21,451 35

The Expenditures per Treasurer's Account.

For Salaries of Officers of the Hospital, -	1,050 00
" Expenses of the Hospital, - - -	9,450 00
" Salaries of Officers of McLean Asylum, -	2,706 94
" Expenses of the McLean Asylum, -	0,000 00
" Two years salary of William Gray, Esq., as Clerk and Auditor, - - -	400 00
" Water from Boston Aqueduct, - -	171 67
" Note taken up by the Treasurer, - -	4,000 00
" Interest on sundry Notes, - - -	3,010 75
" Tax Bill, - - - - -	84 75
" Sundries, - - - - -	95 00
" Cash on hand, - - - - -	482 24
	\$21,451 35

ROBERT G. SHAW, }
FRANCIS C. LOWELL, } Committee,

TWENTY-SECOND ANNUAL REPORT

Of the Physician and Superintendent of the McLean Asylum for the Insane, to the Trustees of the Massachusetts General Hospital.

	Males.	Females.	Total.
The whole number of patients remaining in the house at the commencement of the year 1839, was - - - -	58	35	93
Received during the year ending Dec. 31,	70	62	132
	128	97	225

There have been discharged during the same period.

	Males.	Females.	Total.
Recovered, - - - - -	41	28	90
Much improved, - - - - -	6	5	11
Improved, - - - - -	5	6	11
Not improved, - - - - -	8	5	13
Unfit, - - - - -	2	1	3
Dead, - - - - -	4	6	10
	66	51	117

Leaving in the house on the last day of the year, - - - - -	62	46	108
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To enable a comparison to be made of the operations of the institution during this and previous years, an abstract from the four previous reports is here presented, making with the present, a recapitulation of the statistics for a term of five years.

Year.	No. admitted.	No. discharged.	Eloped.	Died.	Not improved.	Improved.	Much improved.	Recovered.	Remaining.
1835	83	84	0	11	7	11	9	45	77
1836	106	112	0	10	24	5	9	64	71
1837	120	105	0	8	8	4	10	72	86
1838	138	131	0	12	13	7	23	74	93
1839	132	117	0	10	13	11	11	69	108

The ratio of recoveries and deaths in those discharged, and of deaths in the whole number of those under the care of the Asylum, is as follows.

Year.	Per cent of recoveries.	Per cent of deaths of discharged.	Per cent of deaths of all under care.
1835	53.5	13.	6.1
1836	57.1	8.9	5.5
1837	68.6	7.6	4.2
1838	56.4	9.1	5.4
1839	59.	8.5	4.4

During the first five years of the Asylum, viz. from 1819 to 1823, the recoveries were in 100 28.5 deaths 6.9

Second five years 1824—28 “ 43.3 deaths 10.

Third five years 1829—33 “ 40. deaths 10.2

Last five years 1834—39* “ 58.9 deaths 9.3

The year just closed has been one of almost unmingled satisfaction to the direction of the Institution. Hardly a circumstance has occurred to mar in the slightest degree the pleasure of feeling that the designs of the establishment were adequately carried out, and that as great an amount of

*There has recently been published a pamphlet entitled “A visit to thirteen Institutions for the Insane in Europe,” by Pliny Earl, M. D., of Philadelphia, from which the following interesting statistics are extracted.

	Whole number of cases.	Per centage of cures.	Per centage of deaths.
1 Middlesex Co. Lunatic Asylum, (returns not given.)			
2 Asylum West Riding of York, - - - -	2242	44.2	31.6
3 Retreat, near York, - - - -	508	46.5	22.2
4 York Lunatic Asylum, - - - -	1234	36.	20.
5 Asylum at Amsterdam, - - - -	163	34.7	40.
6 Asylum at Utrecht, - - - -	255	40.7	21.5
7 Asylum at Antwerp, (statistics not given.)			
8 La Salpêtrière at Paris, - - - -	1500	33.3	13.3
9 La Bicêtre, average annual number, - -	1120	8.	16.6
10 Asylum at Charenton, - - - -	1557	34.7	32.8
Rejected epileptics, paralysis, idiots, -	1205	44.1	26.6
11 Asylum at Malta, }			
12 “ at Venice, } statistics not given.			
13 “ at Milan, }			

good to society was daily accomplished through the abundant, unrestricted means here provided, as our benevolent founders could ever have anticipated. The only exception to this remark, is in the prevalence of typhoid fever, interfering considerably with our ordinary operations during the months of September and October, which seemed to be introduced by a female patient received from the city, in whom the delirium of fever was mistaken for insanity. Eight cases occurred among the officers and assistants of the Institution, but no case among our patients. The assistant physician, matron, female supervisor, and several female attendants, were prostrated at the same time, but by the blessing of Providence, no death has occurred among us.

I can again remark that no great change has occurred in the general system of moral and medicinal treatment pursued since the charge of the Institution devolved upon me. Throughout the civilized world the great principles of moral management are probably nearly the same in public institutions of the first class, differing in their detail, extent and success, according to the capacity, energy and tact of those entrusted with management, and the completeness of the means put into their hands.

The value of properly adapted architectural arrangements, of a complete classification of patients, of a numerous, well educated, morally elevated, and well compensated class of assistants, of well directed and perseveringly applied employments of mechanical and agricultural labor, of such amusements and exercises of mind and body as experience proves best adapted to occupy and divert the diseased intellectual functions and moral susceptibilities, and lastly, such an intercommunication with the sane in social intercourse, public and private devotion, and in the lighter and gayer reunions of life as the peculiarities of each case demand, must be felt and acknowledged whenever the insane are intrusted to the care of the refined, the well informed and the conscientious. Beyond the judicious, energetic and experienced application of such moral appliances as these, and an adequate medical treatment, there is and can be no

magic or mystery in ministering to the mind diseased. The extraordinary proportion of recoveries in this Institution for several years past, is based on the fact that since the movements of the Commonwealth to provide for the pauper insane were felt, our community is well advised of the importance of early subjection to the treatment of a proper Asylum, and it is probable that almost every case occurring with decided manifestations in every grade of social position, is promptly submitted to treatment in one of our public institutions. Formerly among those of a particular walk in society, many expedients were resorted to, such as sending the sufferer to travel, or on a sea voyage, boarding him with some medical or other person in the country and the like, which attempts were too apt to absorb the curable stage of disease, and when the experiments were completed, the patient as a last resort, was sent here to linger out as an incurable, his sacrificed existence.

The example of the most elevated families in the Commonwealth, in throwing aside any prejudices against a public institution, and submitting their afflicted charge to the aids here so liberally provided, has had a most favorable influence on the general character and results of our labors. The generous confidence of the medical faculty of this community, has been also extended to us in a manner calculated to influence favorably the reputation of the Asylum, and consequently its capability of benefitting the public. In no respect has the present head of the institution felt more intensely the responsibility of his situation, or the favorable judgment of the community, than in the entrusting to our care many of the most cultivated and exalted minds, through the advice and co-operation of those of the medical profession, whose confidence is so honorable. It shall be his endeavor not to forfeit so valued a testimony that our Asylum is not failing in the objects for which it was established.

It is well known to your board that during the past year, the institution has been occupied nearly to the utmost extent of its facilities of accommodation, and most complete

treatment of its inmates. As yet however, in accordance with the resolution to refuse no applications of any description so long as any room remained which could be appropriated, we have succeeded in receiving all applicants, by having a portion of the males sleep in the small and not essentially necessary galleries of their wing. The additional eight or ten rooms, prepared for occupation early in the season by finishing off the space under the dome, were in fact all anticipated for the use of the patients already received.

The average of patients for several months past, has been about 110 to 115: the previous year about 90, and in 1837, about 80, showing an annual increase of some ten per cent. Hence notwithstanding the opening of the new Institution in South Boston, and that in Maine, both of which may be expected to have some influence on our numbers, yet it is reasonable to expect that henceforward our accommodations will not be equal to the number of applications, especially as a certain proportion of cases received will always be desirous of continuing as permanent boarders, when recovery is hopeless. In this contingency, the difficult question is presented for your consideration, as to what course can best be pursued to enable us to do the most full justice and the greatest amount of good, to those for whose benefit the Institution was founded. Three years since, the question was answered by the erection of the beautiful edifice, known as the Belknap Ward—last year the difficulty was partly relieved by the occupancy of the new gallery and rooms in the fourth story of the left wing, and I had prepared some months since a plan of alterations, by which the separate building originally designed for a class of lodge patients and altered into a carpenter's shop (when experience had proved that it could be dispensed with, as regards the painful design for which it was constructed) might be converted into rooms and galleries for the most noisy and difficult class of patients. On reflection, I concluded to defer its presentation to your board for sanction, as it appeared to me that the present emergency required a wider view of the pros-

pects of the Asylum than could be met by any scheme of adding not more than eight or ten additional rooms, as we have before done, in these small and not altogether convenient appendages to our accommodations.

Is it in fact, expedient to think of having the average number of inmates more than about its present number? In Institutions like those designed for the pauper and other insane of a State, where the great proportion of the inmates are received merely for comfortable and economical custody, and amelioration, there need be no particular limitation of the number to which adequate justice can be done. The limit of the number in a single Institution is fixed in my estimation by the number of *recent and curable cases*. The best moral treatment can be most successfully applied to only such a number as the Director of the Institution can himself know thoroughly and intimately. For the more routinal class of incurables, received for custody only, after the individual peculiarities in each case are developed and understood, much of the management can be confided to the assistants, but to the active, curable cases it should be in the power of the Superintendent to devote as much of his time as will give him a minute knowledge of the mental habits, diseased impressions and physical condition of each individual, and to acquire as far as may be, their confidence and regard. In this Asylum the proportion of recent and curable cases to the whole number of inmates, will always necessarily be very large proportionably; as is manifest from the single fact that this class of cases as drawn from the report of recoveries has been, for the last five years, greater at this Institution with an average of about eighty patients, than at the State Lunatic Hospital, with a population of over two hundred.

In an Asylum partaking as much of a private character as this does, the amount of calls upon the Director's time to answer anxious friends making applications and inquiries, averaging with us the visits of from twenty to forty persons per day, according to the season, will always be no slight drawback upon the hours he can devote to the duties with-

in the wards. Let a due allowance be made for this and a just one for the public and private duties of his situation, and it will be manifest that dividing the hours of the day amongst a greater number than we now have of the class of cases referred to, will leave a small modicum for the thorough acquaintance with the peculiarities of each. Without wishing to establish himself as a standard for the moral and physical energies of others, the present Superintendent is satisfied that with uninterrupted health, an entire freedom from all personal care, and with all the aid that could be desired of experienced, capable, and conscientious assistants, in every department, any increase of numbers must involve an inability to do them the greatest amount of good, so far as dependent on him. He therefore feels bound to offer his opinion against any further enlargement or extension of the buildings at the present time.

The next inquiry is as to the principles upon which the number of patients shall be kept down to about the present state, that is, to the complement of the accommodations. The various modes of accomplishing this result which have occurred to my mind and some of the objections to the proposed plans are the following.

1st. To be governed in receiving or declining a patient by the existing fulness or room in the house at the time of making the application, without regarding anything beyond this circumstance. The strong objection to this plan is, that the claims of applicants, decided by the amount of benefit to be conferred on them or their friends are so widely different, that many of those cases most emphatically saved by the aid of an institution might be rejected, while those to whom and to whose friends the slightest advantages could accrue, might be preferred.

2d. Shall we discriminate in our question of admission as to the point whether the applicant is a subject probably within the reach of curative measures, and if a fair prospect of restoration is not believed to exist, that his acceptance should be declined? As to the class of old cases now in the house, many of which have been here almost from the open-

ing of the Asylum, the expediency of dismissing some of them has frequently been before your board. In almost every case there have been some reasons of almost an imperative character to prevent their discharge. Perhaps they have been so long and so comfortably domiciled here, that the effect of removing them and breaking up their long established associations, habits and attachments, would with certainty cruelly diminish their little sum of happiness in a world to them so full of woes. In respect to others, when the inquiry occurs as to what will become of them when discharged, the only answer seems to be, that they must return to the usual condition of insane people without a proper institution; that very condition which the benevolent founders of the Asylum in establishing it, had particularly in their minds to counteract.

The State Lunatic Hospital, according to the laws, being called upon to receive only those "so furiously mad as to be dangerous to be at large," could not of course receive the demented and harmless who constitute the great body of our permanent residents. To dismiss them would be to add misery to them and an intolerable burthen to their friends.

Again to refuse all but promising cases would be at once to throw aside one of the great designs of the founders of the Hospital, which was not more the cure than the amelioration of patients, and the relief and protection of families and friends. Often the amount of good, extended, widely felt good, afforded by the safe keeping and ameliorated condition of an insane person to his friends is greater than that of an ordinary case of recovery. If a hopeless case, not of the dangerous description required by law for admission to the State Hospital, cannot be received here, where else shall a refuge be found? A recent, furious case, can be sent by legal process to the State Institution, but for one not dangerous, however troublesome or miserable, there is no alternative but confinement in a private house under the care of suffering friends, or irresponsible, uninspected guardians. From these circumstances, it is manifest that

we could not bar our doors against such cases, especially under certain circumstances, without great regret.

3d. Shall the weekly rate of expense be so enhanced as necessarily to exclude a certain proportion of our applications?

This is the only institution in this section of the country, especially designed in its advantages for that class of the community above the average as regards the possession of this world's goods. There is a great and annually increasing preparation in progress in the States around us for the care and cure of lunatics of reduced circumstances or without means. In this Commonwealth the two extensive establishments before referred to at Worcester and South Boston are adequate certainly to prevent any urgent case of insanity within our limits, however destitute of friends or means, from suffering under the wants of the best aids known. It is not unreasonable that one Institution in all New England should be designed for the reception of those whose pecuniary ability justifies their enjoying not only the necessaries and comforts, but the luxuries and superfluities of life to which they may have been accustomed. There surely would be nothing unjust in this. To the polished and cultivated it is due as much to separate them from the coarse and the degraded, as to administer to them in other respects.

The great obstacle to the adoption of any such principle of selection as this is, that unfortunately in our own changing community, alienation of mind is frequently connected even among the most polished and interesting with poverty, and by discriminations in our admissions by a consideration of the ability to recompense the Institution for a superior class of accommodations, the object desired would not always or perhaps generally be attained. If such a selection could be determined upon any other plan than that of ability to pay, it would certainly be desirable, as far as the perfection of the Institution is concerned, but this seems impracticable beyond what is now accomplished by the several Institutions. As far as one change in the terms of our covenant

with the friends of the patients is concerned, I apprehend it could be made with advantage to both parties. I refer to the clause in the contract preventing the removal of the patient, while uncured, and without the consent of the Superintendent, until the expiration of three months, except by paying the board for that entire term. Instead of being limited to three, this stipulation might be extended to six months. The Board are too often painfully reminded, in the course of their services as committees of visiting, of the consequences of the injudicious, vacillating and presumptuous course of friends in removing patients just at this point when recovery would be rendered certain by perseverance, and is frustrated by premature removal, and the Institution subjected to discredit, and absolute injury by a return of such patients after relapse, to recommenced treatment.

In the early years of the Institution, before it was had in that general knowledge that it now is, it might have been thought unreasonable that the friends should have been required to keep the patient so long a term as six months, if the Institution did not judge it expedient sooner to discharge them. At this time it is confidently believed that the entire justice of such a stipulation, especially as regards cases over a certain standing, would not be doubted, in fact, such an honorary understanding is always acceded to by friends now, as in every old case we urge them not to commit a patient to our care unless they have determined upon a fair trial of six months, if so long a period is necessary. Unfortunately this virtual agreement does not always have that abiding impression, that it would have had if incorporated in the body of the bond. If a proportional share of good could be obtained in deranged minds, as in some diseases with each month of residence, there would be no grounds for complaining of friends in regard to the limit of improvement at which they might see fit to be satisfied. But it is not so, generally; all is gained or nothing, and little benefit is conferred beyond mere custody, unless all is realized. It is better therefore that nothing be undertaken unless it is determined to persevere to the end. In this

Commonwealth, if friends do not feel able so to engage, the law and society are ready to do so. It is however but just to state that during the past year our disappointments from the premature removal of patients have been very slight, as contrasted with previous years.

4. Shall our admissions be restricted to residents of this Commonwealth?

The citizens of Massachusetts have done far more than any other State in the Union for the Insane, having at the present time in full employment the most ample accommodations, for about five hundred and fifty patients. This community has been (in the establishment of our Asylum at the cost of over a quarter of a million dollars,) the pioneer in the great and benevolent work of making a general provision for the insane, and the experience of this Institution, is freely, and cheerfully communicated to all engaged in like undertakings. In almost every Institution established of late years it is believed that the results of the labours and experiments of this Asylum, often expensive and vexatious before being thoroughly completed and proved, are now freely enjoyed in common with the source from which they were gladly communicated. It is not only, in the merely architectural arrangements and household contrivances and conveniences that this has been a type, but also in the successful introduction of some of the now universally approved modes of moral treatment it has conferred a lasting obligation upon succeeding institutions. The experiment of mechanical labour was here first introduced, and the safety, expediency and immense utility of putting tools into the hands of patients, entirely and satisfactorily decided. It was here too that the idea of having the great body of the inmates attend the services of public worship, as well as of daily devotion was first (as far as this country at least is concerned) happily verified. Both of these justly esteemed items of moral treatment, together with others of minor importance have been widely introduced elsewhere, and will eventually be deemed indispensable in the means of such Institutions.

A view of these benefits which have spread so far and wide from this fountain, will need no defence to any charge of illiberality in any regulation confining the admission to citizens of the Commonwealth, or in giving them the preference when a choice must be made.

It is possible that during the ensuing year, as in the past, it may not be necessary to reject any applications. The time however seems to be arrived when the subject of future enlargement of the accommodations, or of some restrictive measures in regard to admissions should be kept in view, and with these remarks the matter is left to the action of the Board at such time as they shall deem it expedient.

In my last annual report the expectation was indulged of issuing a supplementary document containing a general historical and statistical account of the first twenty years of this department of the Massachusetts General Hospital. On aggregating a portion of these statistics, a work of immense labour, it was found the changes in the rules of admission and detention in the early years of the Institution, when the accommodations were so limited as to render a discrimination necessary, were so considerable, as to forbid any approximation to that accuracy which alone would give value to such statistics as bearing on general results. The single change of adopting the rule requiring the stay of patients at least three months, as an illustration, probably varied the proportion of recoveries a hundred per cent. The accidental discovery of a mass of former reports, regulations and other documents at the Hospital in Boston did away with our principal reason for the proposed general view, that of having the means at hand to satisfy the inquiries of persons applying for the admission of patients or otherwise interested in a particular detail of the means and results of treatment. At some future period the labor may be resumed.

I cannot however, for our own convenience allow the present opportunity to pass without presenting a brief view of the internal economy of the Asylum, although it will be little beyond a recapitulation of what has been heretofore presented.

Notwithstanding the deep interest which for the few years past has been manifested and the information which has been published in relation to Asylums for the Insane, it is still certain, as we have almost daily occasion to know, that this acquaintance is as yet so little general, that most families on the occurrence of derangement in one of their number have a very limited and confused idea of the means of cure and custody resorted to to restore health, or the circumstances affecting the prospects of a recovery. It is fortunate as our experience shows that this ignorance does not now extend in any great degree as to the importance of early subjection to treatment, which is perhaps owing to the general acquaintance of the Medical profession with the comparative results of recent and old cases in our Institutions.

On the admission of a patient (the requisite forms for securing which, will be added as an appendix to this report,) our first care is to have the accompanying friends communicate to the individual in our presence, if this has not been previously done as it should be, where he is, that he is brought here as a deranged person, that his stay will depend on the judgment of the physician as to his recovery, and he is made to understand that the extent of his privileges will necessarily be dependant on his ability to comply with the rules, and to control himself, and that the more he obtains the confidence of those under whose care he is, the less will be the necessity of any restrictive measures, and the wider will be his power of directing his own movements. However well he may appear or however incoherent, this communication is substantially made to him and no false representations are permitted from this time henceforward in our intercourse with him. If he is bound, his straight waistcoat or other restraining apparatus is removed, and he is made sensible that if he conducts himself so as to avoid the necessity of any restraint that he will be treated accordingly.

His person and clothing are then put in entire order and even unusual pains in this particular are often abundantly repaid by the self-respect and self-control which he exerts

when he finds that he is treated with respect and attention. The manner of address to him is always such as shews him that we consider him capable of conducting like a gentleman, and shall be surprised if he does not. He is usually placed at first in an intermediate gallery between the highest and the lowest, introduced to his fellow patients and the attendant who is to have the immediate care of him.

The construction of the Asylum is such as admits a more entire and favorable classification of patients than of any institution of which I have seen the plans or the interior. We can so distribute our inmates as to make more than a dozen distinct separate families of each sex as wholly divided and removed from each other as can be desired. These families or classes have their proper setting rooms, sleeping and dining apartments, bathing rooms, &c., and meet each other only, as far as is approved, at prayers, certain kinds of employments, sometimes at reunions and amusements when it is deemed expedient. In each successive grade the indulgencies and privileges, as regards society, furniture, books, care of their own clothing, and in fact anything evincing confidence in their improvement and character, are correspondingly augmented so as to render a successful endeavor to act rationally and properly, sure to be rewarded in a way which is felt and acknowledged. The importance of classification cannot be overrated. It is the successful use of the means put into our hands in the extensive architectural arrangements here provided that has enabled us to dispense almost entirely with restraining measures or even rigid confinement, as evinced in the fact that our lodge or strong rooms are not called into use more than three or four times during the year; that not one per cent. of our whole number is on an average under any constraint, even that of confining the hands with the mittens, and that we rarely have a patient who does not set at table with the others and eat with knife and fork. There are, it is true, certain cases where the mind is so frenzied and chaotic that the individual is reckless and unconscious of what he does; here the provision of a suitable lodge room

with stone floor warmed by steam or hot air below, without glass or moveable furniture is the best and kindest appliance, which can be adopted for a few days until medical and soothing treatment can place the sufferer in a condition to be operated upon by moral means. We never have had occasion since the Institution has been under my care to use strong rooms as places of permanent detention, a few weeks being the extent of time which they ever have been occupied by a single person. If there are patients so uniformly and permanently furiously excited or irremediably filthy, as to require constant confinement in lodges, they have not yet fallen within my experience.

I have remarked that the patient on his reception was put under the immediate and constant care of an attendant. The importance of securing the services of an elevated, respectable and cultivated class of persons for the responsible duty of attending upon the insane, was early recognised in this Institution and it always has been deemed an object to obtain which, no trouble or cost was to be spared. We have never been obliged to feel the want, which most writers on Insanity and many institutions so feelingly deplore, of a proper kind of assistants. There are in the interior of New England a class of young men and women of respectable families, adequate education, and refined moral feeling, who are willing to devote themselves for a few years to this calling, under the encouragement which is offered them of a fair pecuniary recompense, and what is a still higher inducement, that of knowing that their services are deemed of a highly respectable character. We never employ those in whom we would not place implicit confidence.

The attendant exercises his tact in acquiring an ascendancy over the respect and regard of his charge. If he has the mild dignity of character which avoids alike distant and chilly repulsiveness and undue familiarity, he will soon lead the sufferer to look upon him as a friend and companion and not as a servant or task master. The attendant under the direction of the supervisor or officer who has the immediate superintendence of the entire patients of

one sex, will by constant and patient care inculcate habits of personal neatness; he will cheer the desponding, check the noisy or the petulant, turn the thoughts of those occupied in insane illusions into a new channel; walk, ride, engage in amusements, and employments, with them. In fact from morning to night it is our endeavour that the patient should have as few moments to himself as possible, to sit down and brood over melancholy and distorted ideas, or to steal aside to indulge in mischievous and perverse habits.

The facilities for keeping every moment occupied are various. A farm, a highly cultivated garden, a nursery of fruit and ornamental trees; a carpenter's shop, a more detailed account of which will be presently given, the sawing, splitting, and piling of wood, a bowling alley, a billiard table for each sex, chess, cards, draughts, newspapers, drawing and surveying materials, a well adapted library, five or six horses and carriages, musical instruments and other modes of labour or amusement which particular tastes may dictate.

The extent of indulgence of liberty varies with the character and degree of disease from the restricted walk in the courtyard, by the side of an intendant to a visit on parole to the lecture rooms or public meetings of the city with unlimited confidence. The general number of attendants is about one to every four or five patients, independent of particular cases, when from a suicidal propensity or other adequate cause, the whole services of an attendant are devoted to a single person.

This number of assistants admits of very great liberty of movement to be given, and many places and scenes of interest, with which this region is covered, gives scope to a never ceasing round of agreeable walks. The manufacturing of glass, the operations of the state and county penitentiaries, the revolutionary relics on every hill, Mount Auburn, the University at Cambridge, the Convent ruins, the Bunkerhill Monument, the Navy Yard, at Charlestown, the splendid Gardens at Brighton and elsewhere, the Rail

Roads, the City of Boston, all within the compass of a walk, are frequently visited.

A library of a few hundred volumes, suitably adapted, many weekly and daily newspapers and a commenced cabinet of minerals afford additional means of filling up every vacant hour. At the close of each day, after tea is over, all those who are in such condition as to render their presence safe and proper, are invited to the services of evening devotion, which are held in the large oval room of the mansion house. The number of those who avail themselves of this privilege varies with the ever changing character of our inmates; it is however rarely below one half the number and reaches to three quarters. The services consist in reading a portion of the sacred writings, some proper religious reflections, a prayer with the singing of two psalms or hymns, which last exercise is assisted in by those of the patients having musical skill.

On the Sabbath all such as are in proper condition attend some of the various churches in the vicinity, according as their preferences or early habits may dictate a selection. At one church our average number of worshippers is from twelve to twenty every Sabbath, and the whole number usually abroad at public worship is perhaps about thirty.

As the motives to self control and self respect are augmented by such a participation in society as public worship amongst the world affords, I believe the course pursued here, especially as it has never yet caused the slightest inconvenience or disturbance to the religious societies which we attend, is superior for our class of patients, to having a specific chapel for the Insane. On Sunday evenings, we have a discourse to which many of those, whom it would not be deemed prudent to take abroad to church are invited.

The regulated, discriminating and cautious attention to the exercises of religion is so valuable an auxiliary to the moral means of treating diseased mind, not less from its specific influences on the heart and feelings than from its administering to the self control of the individual, that we have

rejoiced to see the experience of this Institution adopted into others.

The periodical reunions of the female patients in their sewing circle, and the occasional dancing parties at which, patients of both sexes who are well enough, with their attendants enjoy an hour or two in this innocent amusement, have been described in former reports.

Notwithstanding the immense value of all these means of interest and amusement, there is one appliance of moral treatment which has been proved immeasurably superior to all others as regards a large class of male patients. It is a systematic, regular employment in useful, bodily labor. There is probably no Institution in the world where the value of this has been more fully tested than in this. Five years since, a large carpenter's shop was fitted up, and furnished with tools and a suitable carpenter, who was also experienced in attending upon the insane was provided, and then the novel attempt was made to entrust all the sharp and dangerous instruments for working in wood in the hands of insane patients. From that day to this, some hundreds of male patients have been employed in this way, and not the slightest accident has ever occurred. The branch of employment pursued has been the manufacturing of boxes for soap, candles, ink, hats, &c., as requiring just about enough skill and dexterity to stimulate patience and ingenuity, and yet not requiring such nice workmanship as to discourage the inexperienced. Two years and a half since the cells originally provided for the security of frantic subjects were removed, and the space left, fifty feet by twenty five, fitted up for a carpenter's shop, for our own experience has satisfied us that this was henceforth to form an indispensable adjunct in our moral means.

Although the number of patients employed in the workshop has always been considerable, yet from various circumstances the profit from our mechanical labors has always been little or nothing. A result which we have not been disposed to regret, since the fact being known, no suspicion can be indulged by our inmates that any selfish mo-

tives are at the bottom of our constantly encouraging them to labor.

Some of the results of labor in this form are interesting. The class of patients whose former avocations have been the farthest removed from mechanical employments, such as merchants, lawyers, and physicians have been found amongst those most willingly and usefully interested. A certain class of melancholic and stupid subjects when once thus engaged, are almost sure to recover.

In closing this third year of his labors in a field of duty which to him has been one of unmingled enjoyment, the Superintendent cannot deny himself the satisfaction of bearing his testimony to the devoted, intelligent and conscientious co-operation which he has uniformly had from all those associated with him.

LUTHER V. BELL,

Physician and Superintendent.

McLEAN ASYLUM, }
January 1, 1840. }

STEWARD'S REPORT.

The balance of the several accounts at this Institution for
the year 1839, as follows, to wit :

Stores, - - - -	\$10,436 86	
Fuel, - - - -	1,024 10	
Stationary, - - - -	111 32	
Wages, - - - -	3,809 78	
Medicine, - - - -	206 39	
Contingencies, - - - -	494 85	
Furniture, - - - -	1,010 78	
Repairs, - - - -	1,357 09	
Improvements, - - - -	1,489 08	
Diversions, - - - -	1,035 72	
Library, - - - -	19 50	
Clothing, - - - -		198 72
Farm, - - - -		889 01
Boxes, - - - -		151 50
Excess of stores on hand Jan. 1, 1840, over those of Jan. 1, 1839, for horses, hay, &c. - - - -		1,456 04
Cost of new rooms, male wing, dome and attic, -		1,600 00
Also, very extensive repairs to the Furnaces in both wings, and building new flues, - - - -		1,000 00
Salaries, - - - -	3,000 00	5,295 27
Current expenses for the year,		18,700 20
	\$23,995 47	\$23,995 47

COLUMBUS TYLER, *Steward.*

McLEAN ASYLUM, *January 15, 1840.*

REPORT

OF

THE SUPERINTENDENT OF THE MASSACHUSETTS GENERAL
HOSPITAL IN BOSTON, FOR THE YEAR 1839.

*Admitted at the Massachusetts General Hospital, from
January 1st, 1839, to January 1st, 1840.*

	Males.	Females.	Total.
Patients paying board, - - - - -	128	67	195
do. do. part of time, - - - - -	16	22	38
do. entirely free, - - - - -	64	72	136
	208	161	369

Discharged during the same period.

	Males.	Females.	Total.
Well, - - - - -	75	53	128
Much relieved, - - - - -	41	37	78
Relieved, - - - - -	45	37	82
Not relieved, - - - - -	16	24	40
Dead, - - - - -	12	7	19
Unfit, - - - - -	1	4	5
Eloped, - - - - -	1	0	1
Convalescent, - - - - -	3	3	6
Not treated, - - - - -	1	0	1
	195	165	360

Proportion of Deaths to the whole number of results—
1 in 19.

	Private rooms.	Ward paying.	Free.	In the whole house.
Greatest number of patients at any one visit, - - - - -	5	27	26	56
Least do. do. - - - - -	0	8	6	21
Average population, - - - - -	21.5	17.9	19.3	39.35

Average foreign population, - - - 11.7

Proportion of ward beds occupied by free patients, about 10-19.

Average time of stay of ward-paying patients, about 3 7-10 weeks.

Average time of stay of free patients, about 5 weeks.

Analysis of Patients.

	Paying.	Free.	Paying part of time.
Males.....Sailors, - - -	20	0	0
Traders, Clerks, &c. -	20	4	1
Teamsters, Hostlers, &c.	6	4	0
Mechanics, - - -	38	18	6
Laborers, - - -	16	22	5
Domestics, - - -	4	5	1
Farmers, - - -	9	1	1
Clergyman, - - -	1	0	0
Students, - - -	3	0	0
Musician, - - -	0	1	1
Gardener, - - -	0	1	0
Minors, - - -	4	7	1
Other occupations, -	3	0	0
No occupation, - -	4	0	0
	128	64	16

Of these, there were in

private rooms, - - 21

Females...Domestics, - - -	18	41	7
Wives, - - -	25	12	3
Seamstresses, - - -	6	9	4
Nurses, - - -	0	2	1
Teachers, - - -	1	1	0
Other occupations, -	2	0	2
Minors, - - -	7	6	1
No occupation, - -	8	1	4
	67	72	22

Of these, there were in

private rooms, - - 9

Of the free patients, 3-11 were female domestics, and about one sixth were laborers, of whom one half were Irish.

Annual Expenses for 1839.

Stores, - - - - -	\$5,017 86
Wages, - - - - -	3,459 60
Fuel, - - - - -	1,499 35
Furniture, - - - - -	775 18
Medicine, - - - - -	947 84
Repairs, - - - - -	926 15
Stationary, - - - - -	98 95
Grounds, - - - - -	30 54

\$12,755 47

Deduct contingent Cr. - - - - -	32 38
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\$12,723 09

The amount paid for board during the year, was—

To paying patients, - - - - -	3,435 92
-------------------------------	----------

To Treasurer for free patients board, - - - - -	3,107 57
---	----------

6,543 49

If from the amount of annual expense - - - - -	12,723 09
--	-----------

we deduct the charge for repairs, - - - - -	926 15
---	--------

and the balance - - - - -	\$11,796 94
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be divided by 52, giving - - - - -	226 86
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and this quotient by the average population 39.35, there results for the weekly expense of a patient, - \$5 76

BENJAMIN F. PARKER,

Acting Superintendent.

OFFICERS
OF THE INSTITUTION,

1840,

EDWARD TUCKERMAN, *President.*

JONATHAN PHILLIPS, *Vice President.*

HENRY ANDREWS, *Treasurer.*

WILLIAM GRAY, *Secretary.*

TRUSTEES.

CHARLES AMORY,
WILLIAM APPLETON,
GEORGE BOND,
N. I. BOWDITCH,
MARTIN BRIMMER,
EBENEZER CHADWICK,

GEORGE M. DEXTER,
HENRY EDWARDS,
ROBERT HOOPER, JR.
THOMAS LAMB,
FRANCIS C. LOWELL,
ROBERT G. SHAW.

VISITING PHYSICIANS.

JACOB BIGELOW, M. D., ENOCH HALE, M. D.,
JOHN B. S. JACKSON, M. D.

VISITING SURGEONS.

JOHN C. WARREN, M. D., GEORGE HAYWARD, M. D.,
SOLOMON D. TOWNSEND, M. D.

ASSISTANT PHYSICIAN.

HENRY I. BOWDITCH, M. D.

CONSULTING PHYSICIANS.

JAMES JACKSON, M. D., JOHN RANDALL, M. D., GEORGE C.
SHATTUCK, M. D., JOHN HOMANS, M. D.

CONSULTING SURGEONS.

JOHN JEFFRIES, M. D., A. L. PIERSON, M. D., EDWARD
REYNOLDS, M. D., O. W. HOLMES, M. D.

MR. CHARLES SUMNER, *Superintendent of the Hospital.*

L. V. BELL, M. D., *Physician and Sup't McLean Asylum.*

MR. COLUMBUS TYLER, *Steward* " "

MRS. MARY E. TYLER, *Matron* " "

JOHN FOX, M. D., *Assistant Physician and Apothecary.*

VISITING COMMITTEES—1840.

March, - - - - -	Messrs. APPLETON and LOWELL.
April, - - - - -	" LOWELL and EDWARDS.
May, - - - - -	" EDWARDS and HOOPER.
June, - - - - -	" HOOPER and BOWDITCH.
July, - - - - -	" BOWDITCH and BOND.
August, - - - - -	" BOND and LAMB.
September, - - - - -	" LAMB and SHAW.
October, - - - - -	" SHAW and CHADWICK.
November, - - - - -	" CHADWICK and BRIMMER.
December, - - - - -	" BRIMMER and DEXTER.
January, - - - - -	" DEXTER and AMORY.
February, - - - - -	" AMORY and APPLETON.

The McLean Asylum for the Insane.

THE MASSACHUSETTS GENERAL HOSPITAL was incorporated in 1811. It consists of two departments, the Hospital in Boston and the McLean Asylum for the Insane, a mile from the City, near the village of East Cambridge. Both departments are under the management of a Board of twelve Trustees and the inspection of a Board of five Visitors. The latter is composed of the Governor, Lieutenant-Governor, President of the Senate, Speaker of the House of Representatives and the Chaplains of the two Houses. The Trustees serve gratuitously, and are annually chosen—eight by the contributors authorized to vote, and four by the Board of Visitors. A Committee of the Trustees visit the Asylum every week, to inspect the buildings, and see that proper care and attention are bestowed upon the patients.

Since the opening of the Asylum in 1818, more than 1,700 patients have been received, its average number of inmates is at present about 100.

The Trustees have also recently determined to receive patients of both sexes whose disease is of so long standing or of such nature as to forbid the expectation of cure, for the purposes of safe custody, ameliorated condition and relief of friends, to as great an extent as can be done without interfering with the reception of curable cases. An equivalent for the actual expenditure will be expected in all cases received for continued residence.

The weekly rate of Board, including every charge for subsistence, attendance, medical aid, &c., is fixed by the Visiting Committee of the Trustees, in view of the circumstances of each case, regard being had to the pecuniary ability of the patient and his friends. In no case, however, residing without the limits of this Commonwealth, is the rate less than \$4,50 per week, nor to any inhabitant of Massachusetts less than \$3,00.

By a clause in the bond it will be noticed that in case of removal of a patient in less than a quarter, uncured, and against the advice of the Physician, board will be charged for an entire quarter;—if recovered before the expiration of a quarter, board for actual residence only is expected. This course was adopted several years since, not to intimate that so short a period as three

months is deemed sufficient time for trial, in ordinary cases, but to save the Institution from discredit and needless disturbance, and the friends of patients from useless expense and disappointment, occasioned by removals after a few days.

It is desirable that all such stratagem or deception to induce patients to leave home as will be discovered on their arrival, should be scrupulously avoided. It is difficult to obtain that degree of the sufferer's confidence essential to a proper influence over him, where any suspicion or prejudice against the Asylum is thus fixed in the mind. Better use force than deception, where persuasion fails.

The universal experience of Institutions for the Insane shews that the visits of friends, almost without exception, do great injury to the insane under curative treatment. Old and painful associations are revived, and new trains of thought and interest which it has been labored to excite, are in an instant overthrown by the interviews of friends however judiciously managed. Hence, while accurate information may always be obtained by writing or calling at the Asylum, it is considered at the discretion of the Superintendent to decline visits to any patient, when he may judge proper.

It is desired that the best wearing apparel of patients should be sent with them, as at a proper stage of the disease, when they are allowed to walk and ride out, attend meeting, &c., suitable clothing is necessary to sustain the self-respect of the individual, and of course an important consideration.

Application for admission of patients may be made to either of the Trustees in Boston, or to DR. BELL, *Physician and Superintendent* of the Asylum; if by letter to him, direct to *Charlestown, Mass.*

QUERIES.

Relatives or Guardians, with the assistance of a Physician who is acquainted with the case, are requested to annex precise answers to as many of the following questions as are applicable.

QUERIES.

ANSWERS.

1 What is the patient's age?

Married or single? Number of children, if any?

2 Employment, and reputed pecuniary circumstances?

3 What were the first evidences of mental derangement?

QUERIES.

ANSWERS.

- 4 What changes have occurred in the mental or bodily condition since the attack?
- 5 Does the disease appear increasing, declining, or stationary?
- 6 Is deranged mind evinced indifferently on various subjects, or chiefly on a few or single one? Mention particularly any permanent hallucination or mental deception?
- 7 Are there any periodical exacerbations or improvements? Any entirely rational intervals?
- 8 Has suicide or other self-injury been attempted? In what manner? Is the propensity now active?
- 9 Has any disposition to injure others been evinced? If so, was it premeditated or in a sudden passion?
- 10 Is there a disposition to tear clothes, break glass, &c.? to filthiness of person and habits?
- 11 Has any restraint or confinement been employed, and if so, what kind?
- 12 Has there been any former attack? When, and of how long duration?
- 13 What connections, including grandparents and cousins, have been insane?
- 14 Before the accession of insanity, what were any remarkable peculiarities or eccentricities in the patient's disposition, temper, deportment, habits, or pursuits? Mention, especially, predominant passions, religious impressions, any kind of habitual intemperance, as the use of ardent spirits, tobacco, &c.
- 15 The history of any bodily disease, the suppression of evacuations, eruptions, sores, epilepsy, palsy, injuries, &c., which may have a bearing on this attack?
- 16 What are considered, amongst friends and neighbors, to have been the causes of the derangement?
- 17 What curative means have been pursued, and the effect? Mention, especially, whether depletion by blood-letting, leeches, cathartics, low diet, &c., has been employed, and to what extent?

CERTIFICATE AND APPLICATION.

I hereby certify that _____ of _____ is insane.
Physician.

I request that the above-named insane person may be admitted as a patient into the McLean Asylum for the Insane.

18 .

This should be signed by the guardian or nearest relative or friend of the applicant, stating the relationship after the signature.

OBLIGATION.

In consideration of _____ being admitted a patient into the McLean Asylum for the Insane, at my request, I, _____ of _____ promise the Massachusetts General Hospital to pay the Treasurer thereof, at said Asylum, quarterly, on the first days of January, April, July and October, with interest after said days respectively, the rate of board determined by the Trustees of said Hospital and stated in the order of admission hereunto affixed, to provide or pay for all requisite clothing or other things necessary or proper for the health and comfort of said patient, to remove said patient when discharged, to reimburse funeral expenses in case of death, and if removed uncured, against the advise and consent of the Superintendent before the expiration of three calendar months, to pay board for thirteen weeks.

I also agree to pay for all damages, not exceeding One Hundred Dollars, which may be done by said patient to the property of said Hospital, and the board and wages of a special attendant in case the Superintendent should deem one necessary, and reasonable expenses in case of elopement.

WITNESS my hand this _____ day of _____ 18 _____

I _____ of _____ for the consideration above stated, guarantee the performance of the above obligation.

ORDER OF ADMISSION.

To the Superintendent of the McLean Asylum for the Insane.

Receive the above-named patient, if brought within two weeks from date, at _____ dollars, _____ cents per week.

Visiting Committee.

The obligation is to be signed by responsible persons as principal and surety;—if from a distance, and unknown, a certificate from the Selectmen, or other satisfactory evidence of sufficient ability, must accompany the bond.

ANNUAL REPORT

OF THE

Board of Trustees

OF THE

MASSACHUSETTS

GENERAL HOSPITAL,

FOR THE YEAR

1840.

BOSTON:

PRESS OF JAMES LORING.

1841.

ANNUAL REPORT

OF THE

Board of Trustees

OF THE

MASSACHUSETTS

GENERAL HOSPITAL,

FOR THE YEAR

1840.



BOSTON:

PRESS OF JAMES LORING.

1841.

REPORT

OF THE

BOARD OF TRUSTEES OF THE MASSACHUSETTS GENERAL
HOSPITAL, PRESENTED TO THE CORPORATION AT
THEIR ANNUAL MEETING, JANUARY, 1841.

THE Committee of the Trustees of the Massachusetts General Hospital, appointed to examine the Treasurer's account, and prepare a report upon the general state of the institution to be laid before the Corporation, respectfully report:—

That they have examined the Treasurer's account and his statement of the property belonging to the institution, on the 31st of December, 1840, together with the evidences of the same. All are correct, and appear with an accuracy and order that does credit to the skill and liberality of the Treasurer in his important trust.

The annual statistics of the Hospital in Allen street, as prepared by Capt. Charles Sumner, its Superintendent, and of the Mc Lean Asylum, by Doct. Luther V. Bell, its Physician and Superintendent, and Mr. Columbus Tyler, its steward—are all herewith presented.

By reference to the tables from the Hospital in Allen street, it will be perceived that the number of patients received during the year 1840, was 362, of whom 144 were cured, 96 were much relieved, 41 were relieved, 43 were not relieved, many of them having been almost beyond the hope of recovery before they entered the Hospital, and 22 died.

Of the whole number of patients, 168 were received under the free bed donations, and that number might have been increased, had there been the needful provisional aid for that purpose, by admitting 78 more applicants to whom admittance was refused. The Hospital is greatly indebted to the personal exertions of the Assistant Physician, Doct. Bowditch, for the addition in these donations the past year.

The Committee cannot refrain from here expressing a proper acknowledgment to those individuals who have aided the free bed fund the past year—they are particularized in the Treasurer's account herewith, excepting the legacy from the late Miss Mary Ann Brimmer, whose benevolence appropriated the sum of five thousand dollars to this purpose, which sum is now in readiness for the Treasurer's reception.

By reference to Capt. Sumner's account of the expenses of the Hospital in Allen street, it will be perceived that they have been materially diminished the past year, compared with the immediately preceding years. This has been effected partly from the reduced cost of provisions, but more particularly from the great care and good management exercised in the several departments under his direction. This has been done without the least diminution in the quantity or quality of the supplies to the patients, and it can be safely asserted that at no previous year has there been more satisfaction given to all who have been patients in the Hospital.

The condition of the Mc Lean Asylum has fully maintained its former excellent reputation. The beneficial results of the mode of treatment under the direction of Doct. Bell, are continually adding proof to the correctness of that mode, based as it is on kindness and sympathy to that most pitiable object in this world—the lunatic. The report from Doct. Bell, presented herewith, gives all the interesting detail needful from the Asylum for the past year, in connexion with Mr. Tyler's report of the expenses and receipts, from which it appears that the aggregate amount of the expenses is about equal to the aggregate amount of the receipts.

It is believed now to be unnecessary to particularize the advantages that both branches of this institution possess for patients from all classes in society. Their locations—the admirable arrangement of the apartments in the several buildings—the neatness and order in which they are always kept—the best aid from the medical and surgical faculty—the kindest attention from their Superintendents and all others under them, are so well known from the great numbers who have experienced them, that *they* make the report better than any remarks of the Trustees.

Although the funds of the institution have been improved the past year, by the reception of one third of the profits of the Massachusetts Hospital Life Insurance Company, amounting to the sum of twenty thousand dollars—it is still necessary to ask of those disposed to aid its increased usefulness, the continuance of that liberality from which this blessed institution was endowed. And to trust that the ability and success with which it has been conducted, will be to all who are disposed to benefit it, an assurance that their means could not be more humanely and charitably bestowed, than by aiding the permanent fund, so as to enable such a judicious enlargement of either or both branches, as may be desirable from time to time.

The Committee cannot finish this report without their testimony to the faithful and praiseworthy conducting of both branches of the institution by the gentlemen mentioned, and also by the other individuals under them in the immediate managements, who are not particularized, and they believe that all those individuals do receive a reward for their labors in aiding the restoration of health and reason to so large a number of their fellow creatures, far beyond any pecuniary compensation they do or can receive.

THOMAS LAMB, }
GEO. M. DEXTER, } *Committee.*

Boston, Jan. 7, 1841.

REPORT

OF THE

SUPERINTENDENT OF THE HOSPITAL IN ALLEN STREET,

BOSTON, FOR THE YEAR 1840.

Admitted to the Massachusetts General Hospital, from January 1, 1840, to January 1, 1841.

	Males.	Females.	Total.
Patients paying board, ...	123	47	170
do. do. part of time, ...	14	10	24
do. entirely free, ...	73	95	168
	210	152	362

Discharged during the same time.

	Males.	Females.	Total.
Well, ...	92	50	142
Much relieved, ...	52	44	96
Relieved, ...	21	20	41
Not relieved, ...	28	15	43
Not treated, ...	2	1	3
Eloped, ...	2		2
Unfit, ...	3	1	4
Cured, ...		2	2
Dead, ...	14	8	22
	214	141	355

Proportion of deaths to the whole number of results—is 1 in 16.

	Private Rooms.	Ward paying.	Free.	Total in house.
Greatest N ^o . of patients at any one visit,	5	22	36	55
Least do. do. do.	1	8	20	39
Average population, ...	3	16.56	28	47.63
do. foreign population, ...				14.20

Proportion of Ward beds occupied by free patients, is rather more than $\frac{3}{5}$.

Average time of stay of Ward-paying patients, is $4\frac{1}{9}$ weeks.
do. do. free do. is $6\frac{1}{2}$ weeks.

Analysis of Patients.

	Paying.	Free.	Paying part.
Males.....Mechanics, ...	25	9	6
Laborers, ...	22	21	5
Farmers, ...	14	7	1
Sailors, ...	23	5	
Traders, Clerks, &c.	10		
Coachmen, Teamsters, &c.	1	4	
Stone Cutters, ...	3	3	1
Minors, ...	7	12	
Waiters and Domestics, ...	5		1
Musicians, ...	2	1	
Merchants, ...	3		
Students, ...	4		
Dyers, ...	1		
Army Captain, ...	1		
Inn and Barkeepers, ...	3		
Lawyers, ...	2		
Teachers, ...	1	1	
No occupation, ...	1	1	
Other occupations, ...	7	5	
	135	69	14

Of these, there were in private rooms, 28

	Paying.	Free.	Paying part.
Females...Domestics, ...	16	51	3
Seamstresses, Dressmakers, and Tailoresses, ...	2	15	1
No occupation, ...	4	3	2
Cooks, ...	2	3	
Minors, ...	8	10	2
Wives, ...	12	3	1
Nurses, ...	2	5	1
Washerwoman, ...		1	
Spinsters, ...	6	3	
Housekeepers, ...	3		
Factory girls, ...	2	2	
Teachers, ...	1	1	
Widows, ...	2		
	60	97	10

Of these, there were in private rooms, 3

Of the free patients, more than one third were female domestics, and about one eighth laborers, of whom four fifths were Irish.

Annual Expenses for 1840.

Stores, ...	4,872 99
Wages, ...	3,411 78
Fuel, ...	1,199 69
Furniture, ...	625 95
Medicines, ...	1,016 88
Repairs, ...	662 91
Stationary, ...	91 40
Grounds, ...	149 25
	\$12,030 85
Deduct Contingent Cr.	110 53
	\$11,920 32

The amount charged for board during the year was—

To paying patients, ...	3,562 02
To Trustees for free patients' board, ...	4,163 56

\$7,725 58

If from the amount of annual expense	11,920 32
we deduct the charges for repairs, 662 91	
do. do. grounds, 149 25	
do. do. and surplus stores, 393 75	1,205 91

and the balance, ... \$10,714 41

be divided by 52, giving \$206 04

and this quotient by the average population, 47.63,

there results for the weekly expense of a patient, \$4 32

CHARLES SUMNER, *Superintendent.*

To the Board of Trustees.

TWENTY-THIRD

ANNUAL REPORT

OF THE

PHYSICIAN AND SUPERINTENDENT OF THE Mc LEAN ASYLUM
FOR THE INSANE, TO THE TRUSTEES OF THE
MASSACHUSETTS GENERAL HOSPITAL.

THE entire number of insane patients under the care of the	Males.	Females.	Total.
Asylum, during the year 1840, has been	143	120	263
Of whom there remained at the beginning			
of the year, ...	62	46	108
And have been received to Dec. 31, .	81	74	155

There have been discharged during the
same period,

Recovered, ...	39	36	75
Much improved, ...	7	5	12
Improved, ...	10	10	20
Not improved, ...	7	11	18
Dead, ...	6	7	13
Total, ...	69	69	138

Leaving in the house on the last day of the year, 74	51	125
--	----	-----

The general results of the institution as contrasted with the preceding five years, are presented in the following table :

Year.	No. admitted.	No. discharged.	Whole No. under care.	Died.	Not improved.	Improved.	Much improved.	Recovered.	Remaining.
1835	83	84	163	11	7	11	9	45	77
1836	106	112	183	10	24	5	9	64	71
1837	120	105	191	8	8	4	10	72	86
1838	138	131	224	12	13	7	23	74	93
1839	132	117	225	10	13	11	11	69	108
1840	155	138	263	13	18	20	12	75	125

The ratio of recoveries and of deaths in those discharged, and of deaths in the whole number of those under the care of the Asylum, as continued from the table published in the last Annual Report, is as follows :

Year.	Per cent of recoveries.	Per cent of deaths of discharged.	Per cent of deaths of all under care.
1835	53.5	13.	6.1
1836	57.1	8.9	5.5
1837	68.6	7.6	4.2
1838	56.4	9.1	5.4
1839	59.	8.5	4.4
1840	54.3	9.4	5.

From these statistics it appears, that during the four years of the direction of its present Superintendent, the proportion of recoveries of all cases old and recent, without allowance for those proving "unfit" or not proper subjects, or those who have died under care, or those who have been prematurely removed before the event was known, has been about sixty in the hundred, and the proportion of deaths between four and five in the hundred.

During the last years, I have not attempted to draw the line of demarcation between *recent* and *old* cases, as experience has

satisfied me that any attempt to decide upon the duration of time before admission, that the patient has been afflicted, is exceedingly fallacious, giving a mere approximation to the fact. It is liable to the same objection which obtains in essaying to specify the causes of disease, that of giving an apparently mathematical and certain aspect to facts, so involved in doubt, so complicated and vacillating, that they really have nothing like fixedness or certainty.

The records of this Asylum justify the declaration that *all cases certainly recent*, that is, whose origin does not either directly or obscurely run back more than a year, recover under a fair trial. This is the general law; the occasional instances to the contrary are the exception.

During some years, as in 1838 for illustration, we have had so entirely the co-operation of friends in a due perseverance that we should have been able to report the recovery of 100 per cent of cases presumed to be recent. Again, in another year, the premature withdrawal of half a dozen cases before we regarded them as recovered, although their friends might so consider them, would present an entire different view of the curability of insanity in two different years, as far as figures express the fact, although the actual results might be identical. So the general expression of the fact that sixty per cent of all cases have recovered during the last four years, is of no importance as a means of drawing any conclusions, except as to the different periods of the same institution. In this Commonwealth, where the value of hospitals for the insane has been established for over twenty years, and the community is so generally advised of the infinite importance of early subjection to treatment, the results of institutions must be far more favorable than in communities where all this acquaintance and public confidence has yet to be acquired. This is strongly illustrated in contrasting the first and last five years of this Asylum, showing a difference of over a hundred per cent, which is undoubtedly ascribable mostly to this fact of more recent admissions, and some changes in the regulations in regard to hasty removals.

There is, I am satisfied, no institution in the world, which

upon the whole receives its cases with less delay after disease has proved intractable at home, than this. Its *private* character however, subjects it necessarily to some drawbacks upon its ratio of recoveries. Patients are only retained so long as friends elect;—there is no statutory provision compelling the institution to receive, or preventing the removal of any patient at any time. Hence infirmity of purpose, want of persevering faith, or still more frequently want of pecuniary means, often occasion difference of results in our annual summing up, by the removal of recoverable cases, to an extent which proves the absurdity of the statistics, except as a means of comparison at different epochs of the same establishment.

Again, in the mortality and restorative results of various institutions, how great a difference should be looked for from difference of regulations as to admissions—in an institution for example, receiving only cases of violent excitement and high action, and in one where no restriction as to the patient's condition exists, where the exhausted, the aged, the epileptic and the hopeless are brought merely to relieve friends, or in the desperate hope that some new appliances may renovate the exhausted system.

I have been induced to suggest these hints upon the fallaciousness of the ordinary statistics published, when regarded irrespective of the varying and modifying circumstances, which, in this country at least, prevent any just comparison from being made in the mere abstract results of figures, not from any apprehension that our Asylum may not appear as well on paper as any other, for the influence of its happy position in a community where the insane, who belong to the classes from which its inmates are derived, as a general rule are received speedily after a decided outbreak of excitement, always has afforded a larger proportion of curable subjects than I have noticed in any other. But during the past year the attempt has been made (with the best intentions I doubt not,) to aggregate the mere figured statistics of the various American hospitals for the insane, and deduce conclusions from them, without reference to their difference of position or of regulations as to receiving, rejecting, or dismissing patients.

In such statistics injury must be done to some whose apparent results may not be so honorable as the real, of which only those who are informed of all the particulars of difference, a small portion of the public of course, can discriminate and arrive at an accurate judgment. A single illustration will perhaps place the absurdity of the common expressed statistics of insane hospitals in a stronger light. A new institution in a state where the patients are committed by the order of a judge of some court, is capable of receiving a hundred patients. During its first or second year, or until its accommodations are filled, it might be that its only patients discharged would be the recovered, if its managers or directors should so decide, for in the supposed case the friends have no voice in the decision. Of course its recoveries of all cases, old and recent, would be 100 per cent. And subsequently its percentages would depend exactly upon the number of harmless or incurable or inconvenient subjects which its directors should judge it expedient to dismiss!

A few years since it became necessary in order to accommodate the urgent claims of recent cases, for the Trustees to cast their view over the entire class of old cases, many of whom had been in this Asylum from its opening, to ascertain how many and which could be dismissed with least injury to themselves or to the comfort of their friends. So many were dismissed under this resolution "not improved," as to make in that year fifteen or twenty per cent difference in the apparent results!

As far as this Asylum is concerned in the apparent bearings of statistical returns, the favorable circumstances in which it stands as before alluded to, prevent any danger of its suffering from comparison of figures;—for in the view of these it is believed that no published returns present more decided favorable results, but feeling unwilling to reap honors not fully deserved, it has been felt due to the sanctity of scientific truth and to justice as regards the new institutions springing up every where around, that the community should be set right on this subject.

An absence in the early part of the year of about four months in search of health, under permission of your Board—a permis-

sion granted in a manner and accompanied with circumstances calling for his grateful acknowledgments—gave your Superintendent some opportunity to observe and compare, and if occasion had offered, to improve by the long established and extensive insane institutions of the old world. While surprised and gratified at the extent and magnificence of many of these establishments, there seemed little or nothing in architectural arrangements, or in modes of moral or medical treatment of value, which has not long since been transplanted to or discovered in the American institutions. The only noticeable peculiarity worth communicating would seem to be, the experiment commenced recently in some of the British hospitals, of an entire disuse as they consider it, of corporeal restraints. At the Lincoln Lunatic Asylum, it is said in the Report of the Middlesex Asylum at Hanwell for 1839, that the last personal restraint occurred in January 1837, and at the last mentioned institution, restraining apparatus has been thrown aside since the latter part of September, 1839. I consider one of the greatest pleasures of my visit to Europe to have been the privilege of spending the greater portion of a day at Hanwell, and the opportunity of conversing freely on this as well as other subjects relating to the insane, with Dr. Conolly, the head of this extensive establishment, whose reputation as a medical philosopher and writer on mental alienation, is no less recognized on this side the Atlantic than at home, and whose urbanity and attention to a stranger, with no claims beyond a community of interests and pursuit, I cannot but gratefully recall. As any thing like improvement in the present system, introduced elsewhere, must soon attract attention here, and as the idea of absolutely discarding personal restraint has something so attractive in its very mention, I have been induced to bestow considerable reflection upon the expediency of adopting such a universal rule at this Asylum. Thus far at these two great institutions referred to, the former with about one hundred and fifty, and the latter with over eight hundred patients, the experiment has been found so successful as to be persevered in ; whether adopted beyond these hospitals or not I have no means of ascertaining. It is

certain however, that the attempt has been much noticed and applauded in England, and of course will soon have its praises transferred to every portion of our land.

As regards Great Britain, the encomiums bestowed upon this innovation may be all deserved ;—in a country where at this moment *a chain* to each bed of at least one long dormitory may be seen at the extensive metropolitan hospital of St. Luke, such a discovery as puts an end to such barbarity may well excite applause ; or at the Lincoln Asylum, where the number of patients under restraint were 39 of an entire number of 72, in 1830 ; 54 of 92, in 1831 ; 40 of 70, in 1832 ; 55 of 81, in 1833 ; 44 of 87, in 1834, and so on, the change must be most gratifying to every humane heart.

Dr. Conolly in “ the Fifty-first Report of the Visiting Justices of the County Lunatic Asylum at Hanwell,” for the year 1839, (page 47,) remarks as follows : “ For patients who take off or destroy their clothes, strong dresses are provided, *secured round the waist by a leathern belt, fastened by a small lock*. For some who destroy the collar and cuffs of their dresses with their teeth, a leathern binding to those parts of the dress is found convenient. *Varied contrivances* are adopted with variable results, *for keeping clothing on* those who would otherwise expose themselves to cold at night ; and warm boots *fastened round the ancles by a small lock* instead of a button or buckle, are sometimes the means of protecting the feet of those *who will not lie down*. * * * * *Those who are in the habit of striking suddenly, tearing the bed-clothes, &c.*, sometimes wear a dress of which the sleeves terminate in a *stuffed glove without a division for the thumb and fingers*. But no form of strait-waistcoat, no hand-straps, no leg-locks, nor any contrivance confining the trunk or limbs or any of the muscles is now in use. The coercion-chairs, about forty in number, have been altogether removed from the wards ; no chair of this kind has been used for the purpose of restraint since the middle of August.”

Any gentleman, familiar with the management of this, or I believe any other of the New England institutions from their

origin, will at once declare, if this is all that is meant by an absolute disuse of restraining means—if the application of leathern mittens, waist-straps, varied contrivances for keeping on clothing, boots with locks, &c. are considered so mild and trifling measures, as not to be included under the phrase of *personal restraint*, that this innovation or experiment or improvement can never be introduced here, for the best of all reasons, that the application of the severe measures reported as discarded at Hanwell, never was heard of in our asylums, and but a few even of the measures deemed so insignificant as to form no exception, have ever been found necessary here. If this is all that is intended in the new system, our experience for years may encourage them to go on fearlessly.

An amount of restraint less than is intimated in these exceptions, has long proved adequate in this institution; the necessity, for example, of restraining apparatus for keeping the patient covered at night, is here obviated by the admission of heated air to the sleeping apartment when necessary. For some years the average number of patients under the restraint of leathern mittens, has not exceeded one per cent, and often week after week elapses without even a single instance

I have no doubt that this rare use might with safety be carried to a still greater extent—to that of absolute interdiction, but how far it may be dispensed with, or how far the best good of the sufferer demands its application, is a question of judgment to be decided in view of all the circumstances of each case. An important rule is, that no restraint even of the slightest kind should ever be applied or removed except under the direction of an officer. This rule has always been incorporated in our code of domestic regulations. But to lay down the broad absolute rule of disusing all the mild forms of restraint, would not comport with the best good of an institution. I do not doubt that with the number of active and trusty assistants we now have, it might be practicable to pursue such a system, perhaps without any results of consequence to be regretted. Yet its adoption would be cutting off the power of employing a remedial means often of great value to the patient. A portion of the feel-

ing in England as to restraining measures, is based on a delusion. Which is the greater restraint, to shut up a patient disposed to strike upon any sudden impulse, in his solitary dormitory, having its light admitted just below the ceiling, or to place large leathern mittens on his hands, and permit him to go into a large court-yard and to walk up and down in the open air? The seclusion within a room is not considered *personal restraint*, in the reports referred to.

Or which is least oppressive to a patient disposed to certain troublesome habits, as abrading the skin of the face by perpetual picking, or plucking out the hair root after root—habits become from neglect so inveterate and involuntary, that even while the physician is dissuading or promising restraint, his hand unconsciously returns to its wonted act—to place the hands in a muff of leather, at once simple, free from pain and effective, or to trust to the vigilance or the eventually annoying and irritating reminders or restraints of an assistant? Who can doubt as to the comparative advantage of personal restraint from the hands of attendants or of apparatus, in those cases of delirium-like fury, where the sufferer is constantly endeavoring to rise from his bed, and where the presence of faces around him is associated in his blind frenzy with enemies to be contended with, regardless of their numbers. The mind may be in that state where the most soothing attentions are met only with fury and suspicion. How valuable in such a case is the beautiful and simple apparatus, constructed I believe by my distinguished predecessor, Dr. Wyman, which holds the sufferer gently in his position on his bed, allowing him almost every natural and proper movement, yet prevents his wearing himself out by constant efforts to rise, and allows every person to leave his immediate apartment, (for his disordered fancy makes cruel enemies of all,) with a certainty that he is safe and comfortable.

Again, in some highly active forms of the suicidal propensity, where no human vigilance can prevent the consummation of the dreadful act, except accompanied by the ceaseless application of the force of several persons, a proper restraining means such as

the leathern muff, at once allays the violence of the propensity, by showing the patient that he need not be on the watch to elude his attendants, and that attempts are vain to accomplish his design by force. The best proof of the value of the occasional use of this and other means of vigilance, is manifested in the extraordinary fact, that of the more than six hundred and fifty patients admitted within the last five years, amounting to more than one third of all the inmates during the twenty-three years of the existence of this institution, a single individual only has committed suicide ! I cannot here forbear to refer to this remarkable result, as one redounding to the honor of the male and female Supervisors, and entitling them in the highest degree to the obligations of the community, for to them necessarily appertains to a great extent the merit of a prompt detection, often no easy matter, and a successful prevention of this sad accident. This result will be duly appreciated when it is considered that the number of those evincing this propensity has sometimes amounted to a dozen, and I have never known the period when no instance existed. I recall also from memory no less than three instances within as many years, where patients have returned home upon partial convalescence or from other motives, and resorted almost immediately to the fatal act successfully, although the friends and relatives were forewarned to exert their utmost vigilance by our experience.

The general system of providing for the insane in this country, as contrasted with that of Great Britain, (which has naturally furnished us with so many models or originals of our institutions,) deserves the examination of those who are interested as all public men must be, in looking forward to the relief of the insane in those sections where this has not already been accomplished. To this Asylum, as the oldest in this section of the country, and the most liberally endowed and provided in its original foundation, perhaps more than others, inquiries are directed as to the general results of the system regarded as a topic of public economy, as well as in regard to the detail of architectural construction and interior management. As was illustrated in the last

Annual Report, the labors of the early direction of this establishment have been most freely bestowed on every subsequent undertaking, and whatever new has been here discovered or tested, is available for all who may choose to take its advantages. In its original inception, there was one circumstance in its constitution, perhaps introduced from a kind of necessity, which time has shown to have been fraught with most important bearings, not only upon this Asylum itself, but upon the remaining hospitals of New England, whose constitutions have been modified from this. I refer to the mixed character of a *public* and *private* institution which it bears. This union of traits is believed to combine the respective advantages of both classes of institutions as they exist abroad, at the same time the great objections to each are avoided.

To demonstrate this it will be well to take a survey of the English system. The *private madhouses*, as they are termed, have always existed in that country. Any individual who chose could receive as boarders such patients as their friends or guardians contracted for. In 1815 and 1816, the abuses perpetrated in these madhouses had become so crying as to call for a public investigation, and the Parliamentary inquiry developed an amount of horrid cruelty, unequalled in the annals of modern crime. The effects of this appalling disclosure are felt to this day and to this side of the Atlantic, and we have frequent occasions to trace distinctly the prejudices and impressions of our citizens back to the effect of those developments. Since that period the system has remained unchanged, but Parliament has thrown a barrier of protection in some degree around the poor lunatic, by almost annual statutory provisions providing for licensing, inspecting, and otherwise regulating these establishments.

They vary in extent according to the expected or actual *business* of the proprietor; some being licensed for only two inmates, and some for the number of three or four hundred. The rates of compensation and of provision, are regulated only by the agreement of the parties, the licensing power only taking care that each madhouse is authorized to receive so many boarders

only as can be properly accommodated, and to require some credentials in the shape of a petition signed by a certain number of householders. The owner of the house may or may not be a medical man ;—he rarely is so, but makes a contract with some physician to give his attention when required at so much per head, or by a charge for visits as to ordinary patients. Women are also the proprietors of these establishments, and the same individual man or woman frequently is the owner of several establishments, varying in accommodations, prices, &c. Certain inspectors are appointed to make occasional visits to see that abuses are not tolerated. I have no means of ascertaining the number of these places in the vicinity of London, but suppose it to amount to several hundred, and they are found scattered over the whole island, most numerous of course in the vicinity of the larger cities. They receive the patients from the two extremes of society ; the wealthy and noble are accommodated in those whose fittings up may be supposed to be nearest the style of life in which the sufferer has been brought up, and the humblest class of paupers are farmed out to another grade of madhouses, because they can be maintained in existence at the least charge. It would seem always to have been the opinion of those who have written on these points, that the system was one of horrors. The obvious objection is, that the best interests of the patient and the individual who receives the compensation for his support, are antagonistical to each other, and no inspection can be so thorough as to reach the legion of institutions existing. As was remarked to me by an eminent medical gentleman conversant with this subject, “ if the keeper of a madhouse in which his whole property and living are invested, could watch with pleasure the speedy convalescence of a patient, who was paying a weekly fee of four or five guineas, he must be of that class of natural saints who are not numerous in any country.” In a country of entailments too, a motive on the part of friends might, as experience has shown it often has done, prevent the non-recovery from being much regretted. Every one acquainted with the nice balance of the mind on a tendency to convales-

cence, must see how easy a few negative actions would delay recovery forever, yet without the commission of one act or the uttering one sentiment which could be objected to in words! So objectionable is this system in the eyes of medical men who have been most devoted to the subject of insanity, that Drs. Conolly, Millingen and Brown, the three last writers in England, call loudly upon government to assume the entire control of the insane.

The public institutions of Great Britain receive mainly the so called criminal insane, a portion of the middle class, and some of them like the noble Asylum at Hanwell, the rejected and hopeless paupers of the private and public institutions, for after a year's residence in St. Luke's or Bethlehem, the rules require the patient's dismissal.

Under this arrangement it is obvious that what we should term the better classes of society, do not enter the public asylums; it is not deemed respectable for them to do so; the custom of the country forbids it. Yet the contrast of the public and private institutions, shows that this results merely from conventional habits—from the mere name of the thing. The intelligent citizen then must and does feel, that were it not for this mere name, the public cannot but afford the far greatest advantages, for the means which in the one case go to make the profit of the individual, in the other are, or might be expended upon his recovery, with a far greater certainty of freedom from abuses; for in harmony with a universal principle of human action, the individual whose only advantage consists in the reputation which he has to acquire or preserve, will not abuse his power, for he has no selfish motive to prompt him to do so.

It cannot but be now regarded as a fortunate circumstance,—as a providential resulting of good from seeming evil, that private madhouses were never much introduced into this country.* If

* The few establishments in the Atlantic states, which form an exception to this statement have been it is believed, generally under the care of physicians of reputation, and were the instruments of good. I am not aware that any of the allegations so common against the foreign private madhouses, were ever current on this side of the water.

in consequence of the want of even this provision, numerous instances of great suffering and neglect in confinement in prisons and houses of relatives occurred, yet from no provision existing when the public mind was called to act, the action was at once far more original, decisive and effective, than if the half remedy of small private establishments had been adopted. From no provision for the insane, the step was one to a class of public institutions which certainly have never been surpassed in their results;—a class of institutions which were soon adopted by the refined and the wealthy;—the force of the prejudice of name never existed to any degree, and so fully have the wants of the highest classes of our community been met, that for near twenty years, it is believed, no private arrangements for receiving insane boarders which have been commenced here, have been sustained for more than a few months. The various experimental attempts at restoration which formerly were so common with the wealthy, originating in part perhaps from a prejudice against public institutions, and in part from doubt as to their better advantages, such as voyages to Europe or the East Indies, residence or travelling in the country, no longer militate against the hope of recovery, and the class of patients considered as amongst the highest in wealth and social position, are perhaps received now under as favorable prospects for cure, as others.

The *public* part of the constitution of this Asylum, and of those modelled on its plan, assures an entire separation of any interest on the part of its officers adverse to the patient's highest good; it implies a certain, thorough, and effective supervision of its whole management down to its minutest detail, by a body of gentlemen, selected in part by the government of the Commonwealth and in part by the votes of those whose contributions above a certain amount have tested their devotion to the welfare of the insane, for their public character and known interest in the cause of justice and humanity. That their duties are not merely nominal or routinal, is demonstrated in the extraordinary fact, that an examination of the weekly records of the Visiting Committee back to the origin of this institution, will show only a single

week, it is believed, when this duty was omitted, and even in this exception it is quite as probable that the memorandum was omitted, as that the visit was. It is believed that another instance of punctuality like this, taking into consideration the distance of the Asylum from the city where the Trustees reside, the inclemency of our seasons and the gratuitous nature of the service, cannot be adduced.

Still another advantage of the *public* character of an Asylum, consists in its forming a nucleus around which the efforts of the benevolent may concentrate. This institution has felt this advantage in the reiterated benefactions and bequests of the wealthy, which have here provided the abundant means of affording the best advantages to a great number, and their benevolence is felt to the farthest sections of our land in other institutions, which have reaped from this indirectly the benefit of these donations. In perfection the institutions in operation and in progress are unsurpassed in the world, and as far as adaptation to the ends designed is considered, I doubt if they are equalled—they certainly are not in the metropolitan cities of Europe—how much this perfection is ascribable to the generosity of those who early engaged in this undertaking and of those who afterwards fostered it so liberally, can never be definitely known.

An insane institution, arranged for the highest advantage of its inmates, must be peculiar in its construction and exceedingly expensive. A concentration of means beyond individual capital, and as a general rule beyond the economical views of legislative bodies, is necessary. After the expensive machinery of treatment, such as architectural arrangements, &c. is once provided, the results from a moderate expenditure of means are highly gratifying. As an illustration it may be stated, that should a legacy reported in the public papers as having been left to this Asylum amounting to the sum of \$25,000 be realized, the income in accordance with the facts stated in the Report of your Board year before last, would be enough to save twenty or thirty individuals to society and usefulness, who now from insufficient means

are dismissed as "improved," or "much improved," most usually probably, soon to lose all that they have gained here.

The peculiar advantages of the *private* character of an Asylum are also numerous, and varying with the community in which the institution is placed. Prominent among these, is the circumstance which on recovery cannot but be consolatory to him, that the patient feels that he is entrusted to medical care by his friends and relatives as a sick man, and of course his self-respect is saved from the humiliation of knowing that he has been placed under custody by the arm of the law as a dangerous member of society.

In this Commonwealth, where for the classes of society below the average as to property, two institutions of high character have been founded since this Asylum, there seems a propriety in calculating the provisions of comfort and even of some degree of luxury in its accommodations and appliances, for a class of patients who have been accustomed to a more expensive style of living and attendance than would have been just or fitting while this was the only institution for rich and poor, or would be expedient in an entirely public institution. There is no more injustice in providing amply for those of sufficient pecuniary ability to recompense the outlay, than there is in permitting a difference in dress or other expenses. Yet this adaptation of late years of the institution's accommodations, to those of more expensive habits and wishes, by the withdrawal of the less able patients to the other institutions, is not effected by more costly preparations for particular patients who pay a high rate, but in the general elevation of the means of comfort and enjoyment throughout the whole house. We consider the accommodations as contrasted with the usual hotel arrangements of this country, as good enough for any citizen of the republic, and furnished with precisely the same food as is provided for the officers and their families, complaint is rarely made in this respect for obvious reasons.

An individual accustomed to those comforts and even luxuries, which it is one of the blessings of wealth to afford, suffers as much

from their deprivation, as the humbler citizen from lack of necessities. If the institutions of our country were designed only for the last class, the inevitable result would eventually be, the introduction of the system of private madhouses. I have in view of these circumstances been convinced, that as things now are in this Commonwealth, the greatest good to be here accomplished will be in so directing the management of the institution, that one Asylum shall be able to afford the highest class of accommodations and comforts without regard to the expenditure, within of course a proper limit. The wealthy have shown the utmost willingness so to remunerate the institution, that while the great object above referred to is attained, the financial condition of the Asylum has justified the admission of more than a moiety of its inmates, at prices below the actual outlay on their account.

To those gentlemen of your Board who are aware how much this Asylum has been called upon to furnish the results of its experience and its counsels to public officers and private individuals engaged in the cause of providing for the insane elsewhere, I am satisfied that the general views of this report, although foreign in some degree to the annual history of our own institution will not appear inappropriate or superfluous. There has been in fact little of incident in our operations to communicate.

In regard to the general system of treatment pursued during the past year, it may be observed that no considerable change has occurred. I have added as an appendix, a sketch of the moral means employed, which was incorporated in the last annual report.

The principal subject of embarrassment has been the want of room for the numerous applicants for admission. During the entire year the number of patients has been upon an average ten or more above the supply of sleeping apartments. The assistants have however given up their own lodgings with cheerfulness, and slept in the galleries to obviate the deficiency. Often patients have been brought to us unexpectedly from a great distance who otherwise could not have been accommodated. Not-

withstanding the expectations entertained last year, that no further additions would be necessary in our accommodations, we found that the calls for admission were so numerous, that the building originally designed for strong cells for males, has been finished into comfortable sleeping rooms, halls and offices. Our average number of inmates has been about one hundred and thirty.

The entire corps of officers and a great majority of the assistants have continued without change, and the duties of their respective trusts have proceeded with the utmost harmony and good feeling. And amidst the various anxieties and perplexities necessarily involved in the care and management of an annual number of over two hundred and sixty insane inmates, it is a subject of grateful acknowledgment that a perfect co-operation and mutual confidence of all engaged in the duty has rendered our household uniformly harmonious and happy.

LUTHER V. BELL,

Physician and Superintendent.

Mc Lean Asylum for the Insane,

Jan. 1, 1841.

APPENDIX.

EXTRACT FROM DR. BELL'S ANNUAL REPORT FOR 1839.

“ I cannot however, for our own convenience allow the present opportunity to pass without presenting a brief view of the internal economy of the Asylum, although it will be little beyond a recapitulation of what has been heretofore presented. Notwithstanding the deep interest which for the few years past has been manifested and the information which has been published in relation to asylums for the insane, it is still certain, as we have almost daily occasion to know, that this acquaintance is as yet so little general, that most families on the occurrence of derangement in one of their number, have a very limited and confused idea of the means of cure and custody resorted to, to restore health, or the circumstances affecting the prospects of a recovery. It is fortunate as our experience shows, that this ignorance does not now prevail in any great degree as to the importance of early subjection to treatment, which is perhaps owing to the general acquaintance of the medical profession with the comparative results of recent and old cases in our institutions.

On the admission of a patient (the requisite forms for securing which, will be added as an appendix to this report,) our first care is to have the accompanying friends communicate to the individual in our presence, if this has not been previously done as it should be, where he is, that he is brought here as a deranged person, that his stay will depend on the judgment of the physician as to his recovery, and he is made to understand that the

extent of his privileges will necessarily be dependent on his ability to comply with the rules, and to control himself, and that the more he obtains the confidence of those under whose care he is, the less will be the necessity of any restrictive measures, and the wider will be his power of directing his own movements. However well he may appear or however incoherent, this communication is substantially made to him and no false representations are permitted from this time henceforward in our intercourse with him. If he is bound, his straight waistcoat or other restraining apparatus is removed, and he is made sensible that if he conducts himself so as to avoid the necessity of any restraint that he will be treated accordingly.

His person and clothing are then put in entire order, and even unusual pains in this particular are often abundantly repaid by the self-respect and self-control which he exerts when he finds that he is treated with respect and attention. The manner of address to him is always such as shows him that we consider him capable of conducting like a gentleman, and shall be surprised if he does not. He is usually placed at first in an intermediate gallery between the highest and the lowest, introduced to his fellow patients and the attendant who is to have the immediate care of him.

The construction of the Asylum is such as admits a more entire and favorable classification of patients, than of any institution of which I have seen the plans or the interior. We can so distribute our inmates as to make more than a dozen distinct separate families of each sex, as wholly divided and removed from each other as can be desired. These families or classes have their proper setting rooms, sleeping and dining apartments, bathing rooms, &c., and meet each other only as far as is approved, at prayers, certain kinds of employments, sometimes at reunions and amusements when it is deemed expedient. In each successive grade the indulgencies and privileges, as regards society, furniture, books, care of their own clothing and in fact anything evincing confidence in their improvement and character, are correspondingly augmented so as to render a successful en-

deavor to act rationally and properly, sure to be rewarded in a way which is felt and acknowledged. The importance of classification cannot be overrated. It is the successful use of the means put into our hands in the extensive architectural arrangements here provided, that has enabled us to dispense almost entirely with restraining measures or even rigid confinement, as evinced in the fact that our lodge or strong rooms are not called into use more than three or four times during the year; that not one per cent. of our whole number is on an average under any constraint, even that of confining the hands with the mittens, and that we rarely have a patient who does not set at table with the others and eat with knife and fork. There are, it is true, certain cases where the mind is so frenzied and chaotic, that the individual is reckless and unconscious of what he does; here the provision of a suitable lodge room with stone floor warmed by steam or hot air below, without glass or moveable furniture, is the best and kindest appliance, which can be adopted for a few days until medical and soothing treatment can place the sufferer in a condition to be operated upon by moral means. We never have had occasion since the institution has been under my care to use strong rooms as places of permanent detention, a few weeks being the extent of time which they ever have been occupied by a single person. If there are patients so uniformly and permanently furiously excited or irremediably filthy, as to require constant confinement in lodges, they have not yet fallen within my experience.

I have remarked that the patient on his reception was put under the immediate and constant care of an attendant. The importance of securing the services of an elevated, respectable and cultivated class of persons for the responsible duty of attending upon the insane, was early recognized in this institution, and it has always been deemed an object to obtain which, no trouble or cost was to be spared. We have never been obliged to feel the want, which most writers on insanity and many institutions so feelingly deplore, of a proper kind of assistants. There are in the interior of New England a class of young men and women of

respectable families, adequate education, and refined moral feeling, who are willing to devote themselves for a few years to this calling, under the encouragement which is offered them of a fair pecuniary recompense, and what is a still higher inducement, that of knowing that their services are deemed of a highly respectable character. We never employ those in whom we would not place implicit confidence.

The attendant exercises his tact in acquiring an ascendancy over the respect and regard of his charge. If he has the mild dignity of character which avoids alike distant and chilly repulsiveness and undue familiarity, he will soon lead the sufferer to look upon him as a friend and companion, and not as a servant or task master. The attendant under the direction of the supervisor or officer who has the immediate superintendence of the entire patients of one sex, will by constant and patient care inculcate habits of personal neatness; he will cheer the desponding, check the noisy or the petulant, turn the thoughts of those occupied in insane illusions into a new channel; walk, ride, engage in amusements and employments with them. In fact from morning to night it is our endeavor that the patient should have as few moments to himself as possible to sit down and brood over melancholy and distorted ideas, or to steal aside to indulge in mischievous and perverse habits.

The facilities for keeping every moment occupied are various. A farm, a highly cultivated garden, a nursery of fruit and ornamental trees, a carpenter's shop, a more detailed account of which will be presently given, the sawing, splitting, and piling of wood, a bowling alley, a billiard table for each sex, chess, cards, draughts, newspapers, drawing and surveying materials, a well adapted library, five or six horses and carriages, musical instruments and other modes of labor or amusement which particular tastes may dictate.

The extent of indulgence of liberty varies with the character and degree of disease from the restricted walk in the courtyard, by the side of an intendant to a visit on parole to the lecture rooms or public meetings of the city with unlimited confidence.

The general number of attendants is about one to every four or five patients, independent of particular cases, when from a suicidal propensity or other adequate cause, the whole services of an attendant are devoted to a single person.

This number of assistants admits of very great liberty of movement to be given, and the many places and scenes of interest, with which this region is covered, gives scope to a never ceasing round of agreeable walks. The manufacturing of glass, the operations of the state and county penitentiaries, the revolutionary relics on every hill, Mount Auburn, the University at Cambridge, the Convent ruins, the Bunkerhill Monument, the Navy Yard at Charlestown, the splendid Gardens at Brighton and elsewhere, the Rail Roads, the City of Boston, all within the compass of a walk, are frequently visited.

A library of a few hundred volumes, suitably adapted, many weekly and daily newspapers and a commenced cabinet of minerals, afford additional means of filling up every vacant hour. At the close of each day, after tea is over, all those who are in such condition as to render their presence safe and proper, are invited to the services of evening devotion, which are held in the large oval room of the mansion house. The number of those who avail themselves of this privilege, varies with the ever changing character of our inmates ; it is however rarely below one half the number, and reaches to three quarters. The services consist in reading a portion of the sacred writings, some proper religious reflections, a prayer, with the singing of two psalms or hymns, which last exercise is assisted in by those of the patients having musical skill.

On the Sabbath, all such as are in proper condition attend some of the various churches in the vicinity, according as their preferences or early habits may dictate a selection. At one church our average number of worshippers is from twelve to twenty every Sabbath, and the whole number usually abroad at public worship is perhaps about thirty.

As the motives to self-control and self-respect are augmented by such a participation in society as public worship amongst the

world affords, I believe the course pursued here, especially as it has never yet caused the slightest inconvenience or disturbance to the religious societies which we attend, is superior for our class of patients, to having a specific chapel for the insane. On Sunday evenings, we have a discourse to which many of those, whom it would not be deemed prudent to take abroad to church are invited.

The regulated, discriminating and cautious attention to the exercises of religion is so valuable an auxiliary to the moral means of treating diseased mind, not less from its specific influences on the heart and feelings than from its administering to the self-control of the individual, that we have rejoiced to see the experience of this institution adopted into others.

The periodical reunions of the female patients in their sewing circle, and the occasional dancing parties at which patients of both sexes who are well enough with their attendants enjoy an hour or two in this innocent amusement, have been described in former reports.

Notwithstanding the immense value of all these means of interest and amusement, there is one appliance of moral treatment which has been proved immeasurably superior to all others as regards a large class of male patients. It is a systematic, regular employment in useful, bodily labor. There is probably no institution in the world where the value of this has been more fully tested than in this. Five years since, a large carpenter's shop was fitted up and furnished with tools and a suitable carpenter, who was also experienced in attending upon the insane was provided, and then the novel attempt was made to entrust all the sharp and dangerous instruments for working in wood in the hands of insane patients. From that day to this, some hundreds of male patients have been employed in this way, and not the slightest accident has ever occurred. The branch of employment pursued has been the manufacturing of boxes for soap, candles, ink, hats, &c., as requiring just about enough skill and dexterity to stimulate patience and ingenuity, and yet not requiring such nice workmanship as to discourage the inexperienced.

Two years and a half since, the cells originally provided for the security of frantic subjects were removed, and the space left, fifty feet by twenty-five, fitted up for a carpenter's shop, for our own experience has satisfied us that this was henceforth to form an indispensable adjunct in our moral means.

Although the number of patients employed in the work-shop has always been considerable, yet from various circumstances the profit from our mechanical labors has always been little or nothing—a result which we have not been disposed to regret, since the fact being known, no suspicion can be indulged by our inmates that any selfish motives are at the bottom of our constantly encouraging them to labor.

Some of the results of labor in this form are interesting. The class of patients whose former avocations have been the farthest removed from mechanical employments, such as merchants, lawyers and physicians, have been found amongst those most willingly and usefully interested. A certain class of melancholic and stupid subjects when once thus engaged, are almost sure to recover.”

DIRECTIONS FOR THE ADMISSION OF PATIENTS.

Applications for admission to the Mc Lean Asylum for the Insane, may be addressed to any of the Trustees of the Massachusetts General Hospital, or to DR. BELL, Physician and Superintendent, at Charlestown, Mass.

The weekly rate for board is fixed by a Visiting Committee of the Trustees, in view of the pecuniary circumstances of each case; the minimum price for residents of this Commonwealth

being \$3,00 per week, and for those belonging out of the state, \$4,50 per week.

It is desired that no case (unless certainly of the most recent duration,) should be sent to the institution, unless it is determined and arrangements made, to afford a fair trial. No time short of six months can justly be considered a fair trial, and to place a patient afflicted for many months here with the determination to remove him at the expiration of a single quarter, is an injustice to the Asylum, and to the general cause of the insane.

It is presumed that the friends and guardians of every patient placed here, are satisfied that they can rely upon the skill, kindness and integrity with which he will be treated, and that they can do no better with their charge. Having arrived at this conclusion, as they should do before committing their friend to its cares, it will be recollected as part of the covenant, that the discretion of the Superintendent is to decide in every case upon the patient being seen by friends, or acquaintances or strangers, or visits being absolutely interdicted.

The friends of the insane should be honest in their dealings with them in relation to their admission here. Let the patient understand where he is to be placed, and the reason—that his seeing them will depend upon circumstances—let no deception be employed nor the responsibility of deciding whether he had better stay or whether he can be relieved, &c., be thrown upon the institution, as is frequently attempted.

The importance of immediate subjection to curative treatment is so great, that recent cases may be brought to the Asylum without previous application except to the Committee for the approval of the bond. Cases of long standing, or those where custody only is regarded, should have application made for them prior to its being decided to have them leave home ; for it must hereafter be impossible to receive all such applications on the instant. The blank form of bond will be furnished on application ; or on occasion of emergency, the form annexed may be copied and executed. It is expected that the evidence as to the responsibility of the signers will be forwarded with the patient.

Relatives or Guardians, with the assistance of a Physician who is acquainted with the case, are requested to annex precise answers to as many of the following questions as are applicable.

QUERIES.

1. What is the patient's age?
Married or single? Number of children, if any?
2. Employment, and reputed pecuniary circumstances?
3. What were the first evidences of mental derangement, and when first noticed?
4. What changes have occurred in the mental or bodily condition since the attack?
5. Does the disease appear increasing, declining, or stationary?
6. Is deranged mind evinced indifferently on various subjects, or chiefly on a few or single one? Mention particularly any permanent hallucination or mental deception?
7. Are there any periodical exacerbations or improvements?
Any entirely rational intervals?
8. Has suicide or other self-injury been attempted? In what manner? Is the propensity now active?
9. Has any disposition to injure others been evinced? If so, was it premeditated or in a sudden passion?
10. Is there a disposition to tear clothes, break glass, &c.? to filthiness of person and habits?
11. Has any restraint or confinement been employed, and if so, what kind?
12. Has there been any former attack? When, and of how long duration?
13. What connections, including grandparents and cousins, have been insane?
14. Before the accession of insanity, what were any remarkable peculiarities or eccentricities in the patient's disposition, temper, deportment, habits, or pursuits? Mention, especially, predominant passions, religious impressions, any kind of habitual intemperance, as the use of ardent spirits, tobacco, &c.

15. The history of any bodily disease, the suppression of evacuations, eruptions, sores, epilepsy, palsy, injuries, &c., which may have a bearing on this attack?
16. What are considered, amongst friends and neighbors, to have been the causes of the derangement?
17. What curative means have been pursued, and the effect? Mention, especially, whether depletion by blood-letting, leeches, cathartics, low diet, &c., has been employed, and to what extent?

CERTIFICATE AND APPLICATION.

I hereby certify that _____ of _____ is insane.

Physician.

I request that the above-named insane person may be admitted as a patient into the Mc Lean Asylum for the Insane.

18.

This should be signed by the guardian or nearest relative or friend of the applicant, stating the relationship after the signature.

OBLIGATION.

In consideration of being admitted a patient into the Mc Lean Asylum for the Insane, at my request, I, of promise the Massachusetts General Hospital to pay the Treasurer thereof, at said Asylum, quarterly, on the first days of January, April, July and October, with interest after said days respectively, the rate of board determined by the Trustees of said Hospital and stated in the order of admission hereunto affixed, to provide or pay for all requisite clothing or other things necessary or proper for the health and comfort of said patient, to remove said patient when discharged, to reimburse funeral expenses in

case of death, and if removal uncured, against the advice and consent of the Superintendent before the expiration of three calendar months, to pay board for thirteen weeks.

I also agree to pay for all damages, not exceeding One Hundred Dollars, which may be done by said patient to the property of said Hospital, and the board and wages of a special attendant in case the Superintendent should deem one necessary, and reasonable expenses in case of elopement.

WITNESS my hand this day of 18 .

I of for the consideration above stated, guarantee the performance of the above obligation.

ORDER OF ADMISSION.

To the Superintendent of the Mc Lean Asylum for the Insane.

Receive the above-named patient, if brought within two weeks from date, at dollars, cents per week.

Visiting Committee.

The obligation is to be signed by responsible persons as principal and surety ;—if from a distance, and unknown, a certificate from the Selectmen, or other satisfactory evidence of sufficient ability, must accompany the bond.

REPORT

OF THE

STEWARD OF THE Mc LEAN ASYLUM FOR THE INSANE,
FOR THE YEAR 1840.

The following are the balances of the several accounts :

Stores, ...			\$8,238 31
Fuel, ...			1,646 31
Stationary, ...			130 41
Wages, ...			4,037 99
Medicine, ...			329 62
Contingencies, ...			585 02
Furniture, ...			1,034 88
Repairs, ...			1,033 71
Improvements, ...			919 20
Diversions, ...			927 84
Abatement, ...			335 16
New Building, ...			652 18
Library, ...			36 37
Boxes, ...			55 34
			\$19,962 34
Deduct credit of Farm, &c.	1,655 37		
Deduct sum abated, ...	335 16		
And cost of new building, ...	652 18	2,642 71	
			\$17,319 63
Salaries, ...		3,600 00	
			\$20,919 63

COLUMBUS TYLER, *Steward.*

Mc Lean Asylum, Jan. 1, 1841.

TREASURER'S ACCOUNT.

The following is a condensed copy of HENRY ANDREWS, Esq., Treasurer's Account for 1840.

RECEIPTS.

From Massachusetts Hospital Life Insurance Co ^y ,	\$ 7,825 00
“ do. do. for one third profits,	20,000 00
“ Return Funds from Asylum, . . .	7,000 00
“ Dividend on stocks, . . .	1,989 00
“ Rent of store on Washington street, . .	1,275 00
“ John C. Gray, a donation, . . .	300 00
“ Charles Jackson, do. . .	100 00
“ John D. Williams, do. . .	100 00
“ Robert G. Shaw, do. . .	100 00
“ John Parker, do. . .	100 00
“ Nathan Appleton, do. . .	100 00
“ William Sturgis, do. . .	100 00
“ William Pratt, do. . .	100 00
“ David Sears, do. . .	100 00
“ Francis C. Gray, do. . .	100 00
“ Miss E. and S. R. Waldo, do. . .	100 00
“ E. Salisbury, do. . .	100 00
“ William Appleton, do. . .	100 00
“ J. P. Cushing, do. . .	200 00
“ P. T. Jackson, do. . .	100 00
“ Miss Hannah Joy, do. . .	100 00

Amount carried over,	\$ 39,989 00
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	Amount brought forward,	\$ 39,989 00
From Samuel A. Eliot,	a donation, . . .	100 00
" The Humane Society,	do. . . .	300 00
" George Howe,	do. . . .	100 00
" Theodore Lyman,	do. . . .	400 00
" Francis C. Lowell,	do. . . .	100 00
" Balance cash on hand Dec. 31, 1839,	. . .	482 24
		\$ 41,471 24

EXPENDITURES.

For Salaries of Officers of the Hospital,		901 25
" Expenses of the Hospital,		8,200 00
" Salaries of Officers of the Asylum,		3,676 00
" Note to Massachusetts Hospital Life Insurance Company,		20,000 00
" Taxes,		82 50
" Allowance on rent of store on Washington St.		350 00
" Repairs on same,		375 24
" Aqueduct water for Hospital,		75 00
" Interest on Loans,		3,266 67
" Sundries,		258 60
" Balance cash on hand Dec. 31, 1840,		4,285 98
		\$ 41,471 24

OFFICERS OF THE INSTITUTION. 1841.

EDWARD TUCKERMAN, *President.*

JONATHAN PHILLIPS, *Vice-President.*

HENRY ANDREWS, *Treasurer.*

WILLIAM GRAY, *Secretary.*

TRUSTEES.

CHARLES AMORY,
WILLIAM APPLETON,
GEORGE BOND,
NATHANIEL I. BOWDITCH,
MARTIN BRIMMER,
EBENEZER CHADWICK,

GEORGE M. DEXTER,
HENRY EDWARDS,
ROBERT HOOPER, JR.,
THOMAS LAMB,
FRANCIS C. LOWELL,
IGNATIUS SARGENT.

Consulting Physicians.

JAMES JACKSON, M. D. JOHN RANDALL, M. D. GEORGE C.
SHATTUCK, M. D. JOHN HOMANS, M. D.

Consulting Surgeons.

JOHN JEFFRIES, M. D. ABEL L. PEIRSON, M. D. EDWARD
REYNOLDS, M. D. OLIVER W. HOLMES, M. D.

Officers of the Hospital.

CHARLES SUMNER, *Superintendent.*

JACOB BIGELOW, M. D.

ENOCH HALE, M. D.

JOHN B. S. JACKSON, M. D.

JOHN C. WARREN, M. D.

GEORGE HAYWARD, M. D.

SOLOMON D. TOWNSEND, M. D.

} *Visiting Physicians.*

} *Visiting Surgeons.*

HENRY I. BOWDITCH, M. D. *Assistant Physician.*

WILLIAM A. DAVIS, M. D. *House Physician.*

ELIJAH R. MEARS, *House Surgeon.*

CHARLES K. WHIPPLE, *Apothecary.*

Officers of the Mc Lean Asylum.

LUTHER V. BELL, M. D. *Physician and Superintendent.*

JOHN FOX, M. D. *Assistant Physician and Apothecary.*

COLUMBUS TYLER, *Steward.*

MRS. MARY E. TYLER, *Matron.*

HOMER GOODHUE, *Male Supervisor.*

MISS RELIEF R. BARBER, *Female Supervisor.*

VISITING COMMITTEES

FOR

1841-2.

March, ...	Messrs. APPLETON and LOWELL.
April, ...	" LOWELL and EDWARDS.
May, ...	" EDWARDS and HOOPER.
June, ...	" HOOPER and BOWDITCH.
July, ...	" BOWDITCH and BOND.
August, ...	" BOND and LAMB.
September, ...	" LAMB and SARGENT.
October, ...	" SARGENT and CHADWICK.
November, ...	" CHADWICK and BRIMMER.
December, ...	" BRIMMER and DEXTER.
January, ...	" DEXTER and AMORY.
February, ...	" AMORY and APPLETON.

ANNUAL REPORT

OF THE

Board of Trustees

OF THE

MASSACHUSETTS

GENERAL HOSPITAL,

FOR THE YEAR

1841.

BOSTON:

PRESS OF JAMES LORING.

1842.

ANNUAL REPORT

OF THE

Board of Trustees

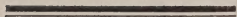
OF THE

MASSACHUSETTS

GENERAL HOSPITAL,

FOR THE YEAR

1841.



BOSTON:

PRESS OF JAMES LORING.

1842.

REPORT

OF THE

BOARD OF TRUSTEES OF THE MASSACHUSETTS GENERAL
HOSPITAL, PRESENTED TO THE CORPORATION AT
THEIR ANNUAL MEETING, JANUARY, 1842.

THE Committee appointed to examine the accounts of the Treasurer, and to prepare a report on the general condition of both branches of the Institution, to be laid before the Corporation at its annual meeting, having attended to the duty assigned them, respectfully report:—

That they have examined the accounts of the Treasurer and the statement of the property in his charge belonging to the institution, together with the vouchers and evidences of the same, and find them all correct. The accounts of the receipts and expenditures in the two departments of the institution, prepared by the Superintendent of the Hospital and Steward of the Asylum, together with a detailed report from the Physician and Superintendent of the Mc Lean Asylum, are herewith presented.

In consequence of the resignation of Capt. Charles Sumner, our late Superintendent of the Hospital, it became the difficult duty of the Board of Trustees to supply his place at as early a period as possible, and they accordingly selected from among several strongly recommended candidates, Mr. John M. Goodwin, the present incumbent, who entered upon his duties early in April last, and has since performed the same in a manner so satisfactory, as to give every reason to believe the Board made the best choice in their power.

By reference to the tables contained in the report of the Superintendent of the Hospital, it will be seen that the whole number of patients admitted the past year amounted to 404, of whom 151 were discharged well, 87 much relieved, 65 relieved, 53 not relieved, 26 died, 3 eloped, and 6 unfit, leaving in the house at the close of the year 48, being one more than was remaining there at the end of the preceding year. It will likewise be evident that the proportion of all the ward beds occupied by free patients was almost as 2 to 1, and that the average time of stay of said patients was six weeks and six days, being considerably longer than the returns for several preceding years will show. Further, that notwithstanding there was a much larger number of persons admitted, many more of whom enjoyed the advantages of free beds, still, the whole amount of expenditures for this branch of the institution has been considerably less than in any of the previous seven years, which of course, shows a very decided diminution in the cost per week, incurred for each patient. This happy result, a considerable reduction of the expenses, notwithstanding the increased number of patients, is owing in part to a material diminution in the price of provisions, and also to the great care and good management of our Superintendent.

The Committee are indebted to Doct. Bowditch, our most indefatigable Assistant Physician to the Hospital, for the following valuable statistical notices on the subject of free beds, and admissions of patients in general.

	1839.	1840.	1841.
Number of applicants for admission, .	563	523	518
do. of permits allowed, . . .	350	342	362
do. of permits refused, . . .	174	143	112
do. of refusals in consequence of no vacant free beds, . . .	81	78	48
Whole No. of free patients admitted, .	134	164	213

From the above it may be seen that the number of applications for admission has diminished during the last two years,

while the whole number admitted has increased. Again, that the number of refusals to persons applying for permits has been nearly one third less the past year than in 1839, and that the number of refusals, in consequence of no free bed being vacant, was nearly one-half less compared with 1839, and lastly, that the number of free patients who have actually resided in the House and enjoyed its advantages, has been augmented this past year more than one-half of the whole number of the same class received in 1839 ; thus proving that the Hospital has more fully met the wants of the community of late than heretofore.

In reporting on the general condition of the McLean Asylum, we have the great satisfaction of saying that in every respect it continues to maintain its well earned reputation. The system of medical and moral treatment, so wisely and happily commenced by the eminent predecessors of our present worthy Physician and Superintendent, has been most successfully carried out by him. During the past year several new rooms have been fitted up for the accommodation of patients, all of which were immediately occupied, and it is believed that at this moment, as great a number of patients are receiving benefit from this noble institution, as can conveniently be accommodated and attended to by its various officers.

It will be seen from the accompanying report of Doct. Bell, that on the 1st of January, 1841, there were remaining in the Asylum 126 patients, since which 157 more have been received, making a total of 283 under treatment during the year, of whom 141 were discharged, leaving in the House at the expiration of the year, 142 patients.

To the above, much valuable and important information might be added, but the Committee being unwilling to do injustice to Doct. Bell's most able and elaborate report by attempting an imperfect abridgment of its contents, respectfully recommend its careful perusal to all, feeling well assured that in so doing they are engaging the sympathies of every one in the alleviation and cure of the most distressing malady to which we are exposed. While closing our remarks it only remains for us to state, in

speaking of the success of the Asylum, that we cannot but attribute it mainly to the unremitting assiduity with which its several officers have ever discharged their arduous duties—an *assiduity* which must have its origin in the deepest interest in the cause, as well as the individual cases, this it is alone which can support them through the many trying scenes to which they are subjected.

It will be perceived, on reference to the accounts of the Treasurer, that the present value of all the productive property of the institution, deducting its debt of \$20,000 to the Massachusetts Hospital Life Office, is about \$90,000, and that the receipts of interest, dividends, and donations for free beds, together with the returned funds from the McLean Asylum during the past year, amounted to about \$24,000, while the expenses for the same period were \$23,600. All of which is respectfully submitted.

CHARLES AMORY,
EBENEZER CHADWICK, } Committee.

Boston, Jan. 1842.

REPORT

OF THE

SUPERINTENDENT OF THE HOSPITAL IN ALLEN STREET,
BOSTON, FOR THE YEAR 1841.

*Admitted to the Massachusetts General Hospital, from January
1, 1841, to January 1, 1842.*

	Males.	Females.	Total.
Patients paying board, ...	124	44	168
do. do. part of the time, ...	18	5	23
do. entirely free, ...	105	108	213
Total,	247	157	404

Discharged during the same year.

	Males.	Females.	Total.
Well, ...	96	55	151
Much relieved, ...	53	34	87
Relieved, ...	35	30	65
Not relieved, ...	34	19	53
Not treated, ...	7	5	12
Eloped, ...	3		3
Unfit, ...	3	3	6
Dead, ...	19	7	26
Total,	250	153	403

Proportion of deaths to the whole number of results, is 1 in 15.5.

	Private Rooms,	Paying.	Free.	Total.
Greatest N ^o . of patients at any one visit,	7	29	37	61
Least do. do. do.	2	13	26	41
Average number of patients, ...	3 $\frac{1}{2}$			51
do. do. of foreign patients,				15.5

Proportion of Ward beds occupied by free patients, is a fraction short of two to one.

Average time of stay of Ward-paying patients, is $4\frac{5}{7}$ weeks.
do. do. of free patients, is $6\frac{6}{7}$ do.

Analysis of Patients.

	Pay.	Free.	Part of time paying.
Males.....Mechanics, ...	35	24	4
Laborers, ...	22	37	5
Farmers, ...	8	3	1
Sailors, ...	14	9	1
Minors, ...	13	9	1
Teamsters and Coachmen, ...	2	6	
Traders, ...	5	3	
Clerks, ...	3	2	
Merchants, ...	2		
Clergymen and Students, ...	4		
Waiters and Domestics, ...	2	2	2
Other occupations, ...	14	10	4
There were of this No. in private rooms, 31.	124	105	18
Females....Domestics, ...	16	56	1
Dressmakers & Seamstresses, ...	3	14	
Spinsters, ...	4	3	1
Minors, ...	2	8	1
Housekeepers, ...	5	1	
Wives, ...	11	12	2
Widows and Nurses, ...		3	
Factory girls, ...	1	3	
Cooks, ...	2	4	
Other, and no occupation, ...		4	
Of these in private rooms, 5.	44	108	5

More than one quarter of the free patients were female domestics, and of the male laborers, more than one sixth, most of whom were Irish.

Annual Expenses for 1841.

Stores, ...	4,000 51	
Wages, ...	3,381 90	
Fuel, ...	1,224 73	
Furniture, ...	857 37	
Medicine, ...	1,070 87	
Repairs, ...	718 47	
Stationary, ...	62 25	
Grounds, ...	9 54	
Total,	\$11,325 64	
Deduct Contingent Cr.	129 93	
		\$11,195 71

The whole amount of board charged during the year to all the patients, was \$8,610 45; of this sum there was charged for free patients, \$4,974 55 to the Trustees, and the balance \$3,635 90 received in cash from the paying patients.

If from the amount of annual expense	11,195 71	
be deducted, as usual, the charges for		
repairs, ...	718 47	
do. for grounds, ...	9 54	
also the stores on hand, ...	107 70	835 71

and this balance be divided by 52 (the week,) \$10,360 00
and this quotient by 51, the average number of patients, the results will give \$3,90 for the weekly expense of each patient.

JOHN M. GOODWIN, *Superintendent.*

To the Board of Trustees.

TWENTY-FOURTH

ANNUAL REPORT

OF THE
PHYSICIAN AND SUPERINTENDENT OF THE Mc LEAN ASYLUM
FOR THE INSANE, TO THE TRUSTEES OF THE
MASSACHUSETTS GENERAL HOSPITAL.

IN presenting the annual Report required by the regulations of the Massachusetts General Hospital, the Superintendent of the McLean Asylum for the Insane would willingly confine himself to a brief statement of the numbers received and dismissed from its care, and the prominent results of the cases.

At this period however, so much public attention is turned to the subject of hospitals for the insane with a view to their establishment in almost every section of our widely spread country, where they do not already exist, and the older institutions are so much called upon for facts and suggestions, that he feels as if his duty to the cause would hardly be discharged, without offering each returning year some views and remarks of a wider scope, than those specifically called for in the rule requiring him to make an annual report.

Impressed with this feeling he gave year before last a detailed account of the constructions, system and means which the experience of this nearly the oldest curative institution in the country had adopted to secure its ends; last year prompted by the views which a cursory examination of some of the metropolitan institutions of England and France had suggested, he attempted some comparison of the general principles of providing

for the insane in Europe and in this country, in the wish to add his convictions to the testimony of their own best writers against the very objectionable character of the *private madhouse* system. At the present time the arrangement of topics for which a brief consideration is proposed is,

1. *A recapitulation of the ordinary results of the operations of the Asylum during the year just closed.*

2. *An explanation of the omission of any further statistics, and a protest against the usual system of reporting the facts connected with institutions for the insane.*

3. *Some approximative comparisons of results for a few consecutive years, remarks on the general health, extent and causes of deaths during the past year, and an explanation of the high rate of cost for each inmate as contrasted with other institutions.*

4. *Views of the relative value of medical and moral means of treatment, with an outline of the main features of the latter, embracing the mutual obligations and duties of an Asylum and the friends of those committed to its care.*

1. *Recapitulation of Results.*

	Males.	Females.	Total.
Number of patients, Jan. 1, 1841, ...	75	51	126
Received during the year, ...	85	72	157
Whole number under care, ...	160	123	283

There have been discharged :

Recovered, ...	47	28	75
Much improved, ...	6	5	11
Improved, ...	6	7	13
Not improved, ...	15	14	29
Dead, ...	7	4	11
Unfit, ...	0	2	2
	81	60	141

Remaining at the end of the year, ... 79 63 142

The above is the usual outline of results, following the precedent of former years. I have for the reasons given last year,

made no attempt to enter further into the so called *statistics* of circumstances relating to the insane, as presented in the experience of this institution. The views of the absurdity of such figuring then presented have been still more strongly confirmed in my own mind, and it has been a source of satisfaction to find that some able medical writers in our own country and abroad, have simultaneously concurred in deprecating a system of attempting to give a numerical expression to incidents having no mathematical relations—a system necessarily filled with guess-work and calculated to convey so many wrong impressions to those not conversant with or who have not reflected upon the subject.

There are but few circumstances touching the history, causes, type or results of the cases of insane persons which are capable of being stated numerically. Of these few, it unfortunately is true, that their importance is almost too insignificant as matters of curiosity or of science, to render their communication of much more value than the fashion of their dress or the aspect of the planets. I presume that the ages of patients, their civil state as married, widowed or single, the color of the hair and eyes, the complexion and the like, might be recorded and conveyed with a tolerable degree of exactness, but beyond this any thing of the ordinary tabular statistics requires so many explanations and qualifications on account of their complexity, uncertainty and changeableness, as to deprive them entirely of the character to which they seem to aspire.

When it is practicable by any acuteness of sagacity to seize upon, and by any precision of language to express in signs and classify in columns the degree and character of the affective sentiments, the moral qualities and the intellectual capacity of an individual, then we may look for the characteristics and results of insane hospitals in tables of scientific accuracy.

It may be alleged that such tables from the very nature of the subject profess to be nothing more than mere approximations to exactitude. The question then is, whether it is not safer and better, to trust to general statements of facts on a subject of this

kind, than to attempt to coerce loose approximations and conjectural estimates into the semblance of mathematical data. When an institution authorizes the general statement that cases of insanity of not many months duration usually recover, it appears to me quite as valuable a fact in its relations to science or practice, as if a given percentage were announced from approximative data and more so, for there are many circumstances which would probably render the last statement inexact, nay, it is impossible that it can really have the accurate character to which it pretends.

I have ventured the opinion that very few and trifling facts relating to insane hospitals, are capable of numerical expression *bonâ fide*. Even the *profession* or *vocation* of patients cannot be specifically stated in a vast many instances without going into the whole personal history of the individual, which of course could not be expressed in a *table*. Many, perhaps most insane men have constitutionally ill balanced minds, and have been restless, vacillating and unsteady in their pursuits. Some have scarcely followed any business to a degree worthy to identify them with it as having any relations to disease, (and in this view only is the research worth making,) while others have run through half the mechanical arts with about equal claims to each as their calling.

As to the *causes* of disease and its *duration* before admission, I must give my testimony that receiving patients principally from the better educated and most intelligent classes of society, and from the proximity of the residence of most of their friends to the Asylum being in such constant communication, as enables us to ascertain and verify antecedent facts to the highest practicable extent, there is not one case in ten where a satisfactory or adequate single cause can be decided upon as certain, and I suspect that in a majority of cases, the first impressions of the probable causes of disease, as derived from friends will be changed on more mature examination.

The *type* or form of disease whether mania, melancholy, dementia, moral insanity, or any other understood description of

symptoms, might be given on any one day with considerable exactness. But how the same case running through several forms in the course of a few months, resting perhaps about as long in mania as in melancholia, and peradventure closing in dementia, can have an annual character applied to it and be classified in tables, is difficult to be understood. Every one familiar with the insane knows that the character of the disease is constantly changing, many cases for years having no form so prevailing or usual as to justify its being ranked under one head rather than another.

Even the annual return of *deaths*, (and the small ratio of mortality is a point on which our institutions have occasionally manifested considerable elation,) a subject which one would suppose capable of accurate, unqualified expression if any were, will vary much not only as affected by the care and skill of an institution or its healthiness of position and arrangements, but by the views which may be entertained of the expediency of permitting the sufferer to spend the last weeks or days of expiring life among kindred or without removal. The ratio then of mortality will express nothing beyond a mere contingent circumstance, and possess the slightest value as a fact in science.

The number of patients *eloped* also a subject of statistical returns, will depend upon the exertion and expense employed in regaining the fugitives, for the number of "eloped" is based not on the frequency of escapes, but upon those not returned. Perhaps no other way is practicable, if any expression of so unimportant a fact is worth making at all, for the stages of elopement betwixt a mere losing sight of a patient for a moment, his absence for a week or his permanent release have no line of demarcation upon which any other more constant standard can be founded.

The returns *much improved* and *improved* are obviously mere expressions of opinion, without any settled standard by which a supposed amelioration can be measured so as to convey any precise meaning except to the mind which judges and decides upon the given case, and the term *recovered*, apparently suffi-

ciently plain and intelligible, is far from conveying an exact unqualified idea. Indeed, it is far from an easy duty to make out a list of those who form the recovered. The degree of mental, moral, and affective soundness is widely various. In contrasting the results of one institution with another, or with a different period of the same, there is a radical uncertainty from the rules and rights of detention or dismissal. In a hospital having a legal power of detaining the patient until in the director's judgment he is recovered, those who have passed over four-fifths of their progress towards restoration, will not as in an Asylum under different regimen, be removed by impatient or presumptuous friends to add to the number of "much improved" only. In such a case, it is the opinion or rather the will of friends, that determines the return of "recovered," or "much improved."

As a matter of comparison this branch of statistics is still more likely to lead into error. This was adequately shown in our last annual report of this Asylum; the records demonstrating that the returns of "recovered," were affected an hundred per cent. in favor of late, as compared with early years, by the establishment of a rule requiring at least a three months' residence in case recovery were not sooner obtained. Any legal or conventional power of retaining patients until the event was fairly and fully decided, would effect still another change in this respect.

Again, if a case of insanity presumed to be of not more than six months' standing is called *recent* in one institution, and of twelve at another, the consequence will be that at the first the ratio of cures of recent cases will be essentially, and of old cases immensely greater than at the latter under identical facts! So if those dismissed from an institution in a convalescent state are entered in the register of one institution as "much improved," while at another, if they are heard of as sound before the end of the year, they swell the list of cured, it is manifest that the same facts make a widely opposite report.

The two great points in relation to "recovered" patients, on which an approximation to accuracy would be peculiarly desirable both for popular and professional information, are the degree

of integrity to which the sufferer arrives in his intellectual powers, his moral sense and his affective sentiments, and the number of attacks to which he may have been previously subjected. We have never attempted to go fully into these in our American institutions ; we have not only not essayed to tabularize them, but have not often ventured general expressions of opinion. For ought which has been reported, the public is justified in supposing that in all cases "recovered," a state of original integrity is attained, while melancholy experience too strongly demonstrates that this is far from being uniformly the case ; the temper, feelings and intellect of the sufferer, perhaps previously ill-balanced or ill-regulated, feel the influence of a decided attack of disease in augmented irregularity and eccentricity.

The register too of any institution will not fail to present many instances of "recovery," which have "recovered" before, and that perhaps repeatedly, cases often of periodical disease arriving at a certain stage of soundness perhaps complete, but not permanent. It is possible that a single case of this kind might constitute several recoveries in a single year ! This would readily happen if the sufferer's residence were so near an institution that he could be removed when in his rational stage from its care, and be replaced when a paroxysm of excitement or depression supervened. Every Asylum has its proportion of these frequent comers. If entered anew each time of relapse, and discharged as "recovered," in the ratio or percentage of recoveries, especially in an institution discharging not more than fifty or a hundred patients annually, the effect would be ludicrously obvious.

A single illustration in this matter of statistics will show how easy it is "to keep the word of promise to the ear, but break it to the sense." An eminent English naval officer in his book of travels in the United States, shows his estimate of the high character of our institutions for the insane, by referring to the statistics of one where the ratio of recoveries is given as $91\frac{7}{8}$ per cent. This statement was doubtless literally accurate. Every work on insanity since issued from the press abroad, comes to us repeating

this fact without comment. Will it be credited that this ratio apparently so precise and minute as to descend to fractional parts, was based on the event of twenty-three cases, discharged in one year, (*recent* cases too, not of a year's but of six months' standing,) twenty-one of which recovered! *Percentages* were deduced from less than a quarter of a *hundred* units.

I make these explanations in order that the few returns of a statistical similitude which I have presented the past and present years, may pass with the profession and with the public for their exact scientific worth. In the first years of my direction here, following the customary plan which I found existing, I made the attempt with as much care and candor as I could bring to my aid, to offer some more extended statements than have been since tried, and even held out the promise in the Report for 1838, to give a general return of the varied circumstances relating to the cases for the first twenty years of the institution. After laboring with the amplest records before me for many weeks, the project was abandoned as neither capable of an accuracy to render it interesting to the community, and as certainly of little value to the profession. In truth, I was apprehensive that conclusions drawn from facts so uncertain, would partake quite as much of error as of truth. Unfounded opinions are of comparatively little permanent mischief in medical science, when presented merely as opinions; published with a numerical aspect they may as *false* facts be of infinite injury.

Mr. Samuel Tuke, a name long dear to humanity in connexion with the York Asylum, in a valuable introduction to Doct. Jacobi's work on the Construction and Management of Hospitals for the Insane just published in England, after showing the unsatisfactory character of statistics, remarks: "that the whole subject of the mode of reporting the results of our institutions for the insane calls loudly for attention, if we would arrive at any useful statistical comparisons as to the effect of treatment and other circumstances on the health of the patients, and in regard to the cure of this greatest of all human maladies. The subject would not be unworthy of a special consultation amongst the profes-

sional men who are devoted to this department of the medical art." Whether any thing could be accomplished in this country by such an arrangement is well worthy of consideration. As things now are progressing there is infinite danger that the public mind may arrive at such views and expectations as to the curability of insanity, as will eventually react most unfavorably on our successors in these holy, though arduous avocations, if not upon ourselves.

3. *Some approximative comparison of results for a few consecutive years, remarks on the general health, extent and causes of deaths of the past year, and an explanation of the high rate of cost for each inmate as contrasted with other institutions.*

In the operations of the institution during the year just closed, there has been little of incident or novelty to be communicated to your Board. From the Recapitulation given, it will be seen that the Asylum has received and dismissed more patients than during any previous year. In fact it has been filled to overflowing, although the admissions and discharges have so nearly kept pace with each other, that we have not been obliged to refuse any application.

The curative results are essentially the same as during the preceding years that the institution has been under its present head, as far as can be estimated from an approximation towards the facts, deduced annually on the same principles, and with as great a degree of uniformity of judgment as could be hence expected.

The following is the sketch continued from last year's report, of such results as have been presented for some years past.

Year.	No. admitted.	No. discharged.	Whole No. under care.	Died.	Not improved.	Improved.	Much improved.	Recovered.	Remaining.
1835	83	84	163	11	7	11	9	45	77
1836	106	112	183	10	24	5	9	64	71
1837	120	105	191	8	8	4	10	72	86
1838	138	131	224	12	13	7	23	74	93
1839	132	117	225	10	13	11	11	69	108
1840	155	138	263	13	18	20	12	75	125
1841	157	141	283	11	29	13	11	75	142

The proportion of those adjudged recovered, and of deaths in those discharged, and of deaths in the whole of those under the care of the Asylum, as continued from the table published in the last Annual Report, is as follows :

Year.	Per cent. of recoveries.	Per cent. of deaths of discharged.	Per cent. of deaths of all under care.
1835	53.5	13.	6.1
1836	57.1	8.9	5.5
1837	68.6	7.6	4.2
1838	56.4	9.1	5.4
1839	59.	8.5	4.4
1840	54.3	9.4	5.
1841	53.2	7.8	3.9

The custodial results, and these, comprising the degree of comfort, security and health, not only of those under treatment but of a large class of incurables accumulated here from the very foundation of the institution, can be considered as no secondary object, have been as far as I am a suitable judge, as well maintained as in former years. The establishment has been filled perhaps beyond its most advisable limit, but by extending the accommodations by various architectural alterations and increasing the number of attendants, much inconvenience has been obviated.

The health of the inmates has been favorable. The deaths have been comparatively fewer than for many years, and no one has deceased after leaving here as far as has been learned. We can hardly expect another year so favorable in this respect. Many of the inmates of the Asylum who have been here from its early years, are approaching the verge of life from old age, and the number of epileptics already constitutes four or five per cent. of our average number.

The deaths during the year have been from epilepsy, and that so common winding up of the lives of the insane known in the reports of hospitals under the various appellations of exhaustion, marasmus, general decay and debility, being a gradual prostra-

tion of the powers of life with more or less manifestations of cerebral and intestinal affection.

We have again the privilege of rejoicing in an exemption from any death by the patient's own hand. The number of those brought here with a suicidal propensity has been very numerous. Our remarkable exemption year after year from this sad form of death, is doubtless attributable in part to the very frequency of the disposition inducing the habit of constant scrutiny and vigilance in detecting and preventing its design. Unceasing vigilance has saved many from the ordinary modes of perpetration, and the use of the stomach pump from self-starvation. We have now received between eight and nine hundred patients without this fatal accident, except in a single case, where what would ordinarily have been a slight suicidal attempt resulted in death from the exhausted condition of the aged patient.

In relation to the general management of the institution, there is one topic of the Financial Report which will be before you, on which some explanation is due, less for the information of your Board and those familiar with the Asylum, than for those elsewhere, who examine the returns of insane institutions with a view to the supplying of distant States with their aids. This is the much greater expenditure here than at many of the other institutions. A bare statement of the fact that the average amount expended on each patient here was twice as great as at some other hospitals, might lead to the suspicion of some strange want of economy or management with those not cognizant of many circumstances, involving necessarily a departure from the frugal and unexpensive mode in which it is possible for an institution to be carried on. The explanation is founded in part upon the greater proportion of cases admitted in a stage of activity of disease and probable curability, requiring of course much more expense in attendance, means of diversion and the like, than would be expedient for the quiet and incurable, but principally from the fact that we have considered it a leading object to adapt the means of the institution to the accommodation not only of those in moderate circumstances, but of the wealthier classes of our

community. The humbler classes as far as this world's goods are considered, have been well provided for in this Commonwealth by institutions adapted to their good and secured to them by statutory provision. If this institution should not receive the wealthy, they must be without provision unless they are so manifestly dangerous, that the statute makes provision for them. If received here it is due to them that the most abundant aids should be secured to them. They have always evinced a readiness to fully repay for such aids, and their liberal remuneration has justified the institution in furnishing a much higher grade of curative and comforting appliances to all under its care, rich and poor, than would be practicable under other circumstances. The apparently high weekly stipend paid by many of the wealthy, is most freely and gratefully met, and perhaps though nominally large, is comparatively less onerous than the minimum rate to those to whom such rate is charged. The friends of the wealthy feel that a price far beyond the actual cost is but a just donative to society, for the liberal provision made in anticipation to meet their very need. It is by such recompense that the Asylum is enabled to receive one half its numbers at a price below the actual cost.

Still more has it been felt that the only mode in which that system of unutterable horrors, the *private madhouses* of the old world could be kept from New-England, was by having some of our institutions so adapted that those who abroad would fill the private madhouses, might be received and treated with as high provision of expenditure as their artificial wants might render to them necessary.

With these views, our conviction has been that any parsimony in providing every aid that pecuniary outlay could procure, would be a prodigal waste in the chances of cure and comfort. Our enquiry has been not how shall we contrive to reduce expenses by curtailing and abridging, but how can money, valueless indeed in comparison with the object to be attained, be used to forward the designs of the institution.

4. *Views of the relative value of medical and moral means of*

treatment, with an outline of the main features of the latter, embracing the mutual obligations and duties of an Asylum and the friends of those committed to its care.

The general management of the institution has remained without essential change, beyond the auxiliary aids which each year's experience must necessarily add to the means of treating a class of diseases so peculiarly dependant upon experience and direct observation, and not upon theory or transmitted information, for its best medical and moral appliances, as insanity.

Each year that I have passed in this extensive field has served to diminish my confidence in an active medical treatment of almost every form of disease of the mind, and to increase my reliance upon moral means. No individual at the head of an insane institution would now think of combating any form of insanity, with the depletory and reducing means once regarded as indispensable. The practice of bleedings, violent purgations, emetics, vesicatories and derivatives, has passed away before the light of experience. A different and opposite mode of treatment by energetic sedatives, I am satisfied, is obnoxious to many objections, although far to be preferred to the first. The recoveries under their administration, occasionally most magical and most gratifying in appearance and for the present, as far as my observation and experience have extended, are neither so perfect nor so permanent as under a less decided course of measures. A *wise expectation* and a cautious use of medical agents to meet symptoms, comprise most of the aids that the pharmacopœia is capable of affording. But in relation to moral means, especially carried through as they can be only by the instrumentality of an appropriate institution, my annual experience has only exalted my confidence.

Under the head of moral treatment, many points are comprised, and all so indispensable that none can be omitted without irreparable loss. Perhaps they may be all included under the heads of,

1. Separation from home, friends, and ordinary associations, with interdiction of all circumstances calculated to contravene this indication, as visits, letters, and the like.

2. Direction, including the application of such measures as adapted to the varying circumstances of each case are calculated to save from noxious influences upon mind or body, to change and divert diseased action, to secure as much personal comfort as practicable, to retain as long as, and no longer than the real interests of the sufferer require. Natural characteristics of mind and heart, education, social position, type of disease, all modify the directory course to be pursued. When to temporize and when to insist, when to indulge and when to require, when to persevere and when to abandon treatment satisfied with what may already have been attained, can only be decided in view of each case. Of course as perfect a direction as from the nature of the subject is practicable, can be exercised over such a number only as can be thoroughly known.

3. Classification, by arranging in society with, and confining intercourse to such persons, patients and assistants as are most likely to exert a favorable, or save from a noxious influence during the period of mental disorder; the principles of self esteem and emulation and forbearance, being also brought into action upon the character of the insane individual, by means of such classification.

4. Occupation, including under this head every means of employment and diversion, whether useful or amusing, which ingenuity or experience may have introduced.

These are merely presented as prominent objects to be secured, and not as any philosophical arrangement, since under the general head of direction all the various means medical and moral might be comprehended.

1. Separation. The duties of the friends of the insane, and an institution to whose care they are to be committed are mutual. An asylum ought not to be regarded as a public hotel or caravansera to which individuals when troublesome at home are to be brought under any circumstances, and removed as summarily. The object which our benevolent founders had in view and for which they contributed so bountifully was to attain the highest degree of restorative and custodial results. This can only be secured by the co-operation of friends. In almost every institu-

tion of our country, every place is filled and each that is occupied under circumstances of any unfavorable character prevents the accommodation to some who might be essentially benefitted.

To co-operate requires on the part of friends some information on the subject, some honesty and moral courage. It is no uncommon circumstance for a patient to be beguiled here under false pretences. Instead of being fully and candidly informed (if he is capable of comprehending) of his mental state, after which every thing which had been, and was to be done, would appear to him consistent and intelligible, although it might seem erroneous and absurd, it is perhaps represented to him that he is a little indisposed, that he had better ride and consult the physician, or he is inquired if he should like to reside in a splendid hotel or boarding house, where horses, carriages, servants and amusements are to be at his will and under his control. Every thing is represented to him *couleur de rose*. Once within our walls, friends retire, perhaps with their last adieux promising to call again to-morrow or every day, congratulating themselves how well they have succeeded in introducing him without force. The unhappy patient feels that he has been deceived, cheated, abused. He finds that he is not in the paradise which had been promised him. An insane Asylum relieved of all its distressing adjuncts as far as benevolence, expense and experience have been able to do so, is after all a place of bolts and bars. There is no magical line which can confine an insane man, and at the same time allow him to be a free agent.

If informed truly that a certain amount of restraint and direction is inevitable from the very nature of the case, he will probably be agreeably disappointed at the limited extent to which it is possible that it can be reduced. If deceived by a contrary impression, he has lost confidence in his friends and of course in the institution.

It is no uncommon circumstance for friends to induce the insane person to come here with the understanding that if the physician thinks it best for him to remain, he will stay. The patient, self-confident that no unprejudiced man can for a moment

believe him a suitable subject for an Asylum, willingly accedes to such a proposition, and when he finds himself adjudged by the physician, (if the latter allows himself to be caught in such a trap,) to remain a prisoner as he deems it, his feelings of trust and consequent prospects of being most favorably influenced and guided towards recovery may be readily imagined.

To those committing their insane friends to our care, we would say, if you would leave them under the most favorable conditions for recovery or comfort, be upright, be true. If they recover, they will appreciate and respect such dealing; if never to be restored, their apprehended dislike and resentment will be quite as likely to fall upon those who have freed themselves as they might hope from responsibility, as upon those who had the moral courage to tell the truth.

When it is contemplated to place a patient in an institution, friends should feel it a point of duty not to act until they are satisfied that it is the best thing for the patient's and their own interest, that they can do. They owe it to themselves, to the sufferer, and above all to the institution, to ascertain in the first instance whether they can rely upon its faith, its skill and its kindness; and this too should be ascertained from a degree of investigation and with a confidence of accuracy, that shall enable them to turn a deaf ear to the little *tittle tattle* and petty scandal always current to a greater or less degree in the *undertow* of society in relation to public establishments of this nature. As to an Asylum like this, receiving nine-tenths of its inmates from a circle of territory of not over some forty miles in diameter, there never can be any difficulty in obtaining the elements of a judgment on which it will be safe to rely.

Having thus decided, there is a mutual confidence secured which so important a trust fully demands, and the patient will, extraordinaries excepted, probably be left to the chances of such means as experience has recommended for a full and uninterrupted trial. Friends of patients who reflect, will see that in the system of weekly inspection by a continually changing Committee of Trustees, selected for the very object from the community,

and whose duty is so little formal or undervalued as not to have been omitted perhaps for a single week during the almost quarter of a century the institution has been in operation, in the entire separation of all pecuniary or selfish connexion with the results of the establishment on the part of the officers, in the unlimited amount of means placed in the hands of the institution to secure its objects, relieving from all possibility of temptation to abuse or neglect its trust in order to save trouble or expense, in whatever guaranty the character of its immediate officers in their own reputation and their social connexion, in the absence of higher and holier responsibilities, might offer; and lastly, in the testimony whether favorable or unfavorable of a body of sixty or seventy restored patients annually dismissed into society, they have an infinitely higher security of just and appropriate management, than any slight observation of their own or intercommunication with their diseased friends under care can be supposed to furnish. Their testimony after recovery, whether for good or evil, the institution can never object to receiving as evidence of its character and system; while diseased, the Asylum is obliged daily to repudiate it against the conduct of friends at home, and of course expects the same justice.

We would again say to friends, do not bring your patient to us if you can do as well or better by him at home or elsewhere, do not bring him with the impression that you are to regulate his treatment, or that any peculiar knowledge you may have of his traits of character will enable you to decide better than the institution where he shall be placed in its classification, when or by whom he shall be seen, or when he is in a fit state to be removed. This Asylum desires to receive no patients except on its own terms; it asks no patronage; it was established to confer, not to receive benefits.

I am thus plain upon the mutual relations of the institution and friends of patients, not because we have had any unusual trouble from an imperfect understanding on this head, indeed, each year has found less; but we still are occasionally subjected to a disposition to have patients experimented upon. If re-

covery is not so prompt as perhaps it has been in some other case, probably of an entirely different type, we are liable without regard to the eventual prospects, without reference to the labor already bestowed and of which satisfactory fruits are in bright prospect to our eyes, without respect to the testimony of all who have the best means of judging, to have friends experiment; they will insist on trying a chance in a lottery where success only saves a few week's delay or a few dollars, and where failure jeopardizes the perpetual loss of reason, and all the sad concomitants of hopeless insanity.

The benefits arising from a removal from home and an interdiction of the associations connected therewith, need but little illustration. It was one of the earliest facts in the history of medicine. The experience of all ages and all countries coincides in its importance, so that the general statement is fully warranted that patients seized with insanity and removed to an institution usually recover; while those treated at home generally do not. Not unfrequently removal alone has appeared adequate to effect an entire change of the diseased mental action.

If a patient be irritable, excited and violent, experience shows that he will not submit to friends as readily as to strangers. If feelings of hatred and vindictiveness exist, they will be probably directed towards those in whom he ought most to confide. If a master of a family and accustomed to direct, he will not readily and without reason as it appears to him abdicate his authority. If a child in his father's house, his insane sagacity will at once show him that he need not yield peaceably the government of himself, where the tender feelings of an afflicted family will deny the firmness to insist. If restraint becomes indispensable, a wide difference will be found in its application as administered by new hands, and by those whose experience has taught them that mildness and decision are not incompatible, and that strength and violence may distress and aggravate, but do not often calm the maniac. There should be in fact as much difference in a well regulated institution in the character and extent of physical force necessary to control a dangerous patient, as applied by experi-

enced and well disciplined attendants, and the ordinary aids called to effect the same objects in families, as there is between the leathern mittens and secure rooms of an Asylum, and the chains, straitwaistcoats and cages, which are deemed indispensable in furious cases without the walls of a hospital.

If hallucinations and delusions constitute the leading features of a case, it is almost impossible for a patient to be removed from conversations and associations continually renewing their strength in the mind, while at home or under the guidance of those unskilled. Friends and acquaintances can hardly avoid attempting the effect of argument, remonstrances, appeals to the feelings, or even threats. It is natural that those whose experience is limited to a single case, should do so; while they who have been taught by experience the futility of such attempts will not aggravate and excite a diseased point with continual meddling.

2. Direction. Under this important head of the treatment and care of the insane, I would comprise the whole organization and government from the fountain of regulation and counsel, the charter under which an institution is founded, through the immediate superintending officers down to the assistants constantly in the presence of the patients and ministering to their wants. In the last year's Report, the general advantages and peculiarities of a system of control by which an institution has a mixed public and private character, were remarked upon; the requisite duties and responsibilities of superintending officers, it can be hardly expected of the writer to touch; my present design therefore, is to urge the indispensable value of an elevated, intelligent, and conscientious corps of assistants, limited in number only by the extent to which they can be profitably and usefully employed. Had an institution a Pinel, an Esquirol, or a Tuke for its head, with as perfect a suite of architectural arrangements as the ingenuity of man has devised, and were obliged to depend on a few ordinary *keepers*, its character and results must inevitably fall far below the practicable maximum. Recent cases of disease might recover from the effects of interdiction and the spontaneous efforts of the constitution; but in cases of considerable dura-

tion, the prospect of benefit will depend upon the amount of persevering well directed labor which is bestowed. To secure such labor, an honorable appreciation and an adequate remuneration are requisite. In this country, such services as those of the best attendance upon the insane, can only be had by a liberal expenditure of money. As so much aid is required in the full employment of moral means, it is manifest that a proper keeping and care of the insane, must always, as compared with the support of those of sound mind, be expensive.

It is most ardently to be hoped that in the provision now happily so generally in progress in our land for the insane, the fatal error of cheap hospitals may be avoided. The spirit of our habits and institutions may have a tendency towards such a result. Our seminaries of education, our penitentiaries, our almshouses, have arrived at a most advantageous and honorable system of self-supporting measures. It is just and proper that it should be so.

If there be any extreme economical arrangements in our colleges, the object to be attained justifies the sacrifice, and it is voluntarily submitted to. The application of penal justice sanctions no undue provision of luxury in our prisons; our poorhouses must be adapted, if not to repel, certainly not to invite residents. But the insane cannot be kept as they should be to do them justice, cheaply, more than other forms of bodily sickness.

The assistants in the care of the insane must not only be well selected and well compensated, but well instructed. There are natural gifts of person, address and temper, which are not to be disparaged, but beyond these there is a tact, an aptitude, a discrimination in managing the insane, which can only be acquired by observation and practice, after being put upon the right track. Some persons with apparently adequate gifts of nature, never are able to acquire this art.

The system which has always been pursued here, is that of elevating the office of assistant. Neither the term *keeper* nor *servant*, has ever been known in the intercourse of attendant and

patient. The latter has always been led to look upon the former as a friend and equal, and from the interior of New-England, it has always been practicable to obtain a class of male and female aids who have fully met the claims of the duty. The test question by which the character and fitness of every male and female care-taker of the insane should alone be tried is, whether under like circumstances, the director would desire his wife, children or parents, to be submitted to the same hands.

3. Classification. It will readily be conceived that to place a wild and frantic maniac in an apartment with a refined and timid individual, whose sole deviation from soundness is one false or delusive idea, or to permit a demented epileptic lost to all sense of decency and propriety, to sit at table with one whose intellect perhaps is unchanged, but whose affective sentiments alone are diseased, would be alike inconsistent with the happiness or recovery of the party capable of suffering. These are extreme and palpable cases, but others less tangible are no less important. There is a nice adaptation of intellects, of feelings, of social position, of cultivation of mind and manners to be arranged in consociation, forming a great and oftentimes difficult problem to be solved every day within an Asylum and with a correct and judicious determination of which the welfare of each individual is more or less closely connected.

Nor is it merely in such a classification that injury may be avoided. Experience shows that the very highest curative advantages are effected by the mutual action and attrition of diseased minds upon each other. Emulation, forbearance, self-respect, benevolence, diversion of diseased ideas or sentiments into new and natural channels, are all capable of being secured by a proper association of different individuals.

To accomplish this classification, proper architectural arrangements are requisite. In fact, appropriate edifices constitute an apparatus almost as indispensable for the treatment of insanity, as any mechanical contrivances in the practice of surgery.

The principle of these architectural provisions, is that of embracing the power to separate the number of inmates into as

many divisions as are most useful, and constitute each division into a separate class or family ;—to secure from injury with as little wound to the self-respect as practicable ; to allow a constant inspection without annoyance ; and to furnish what is necessary to health and comfort in heat, ventilation, and cheerfulness of prospect.

The extent of division will depend upon the number of patients and the character of their disease. An institution mainly designed for old cases who soon become quiet and routinal, requiring little beyond custodial attention, may have a number of twenty or thirty associated in a gallery ; whilst in one where a majority are cases of activity demanding curative aids, a greater number than six to twelve would be inexpedient.

The best construction of lunatic hospitals is a subject worth in this country more investigation than it has received. In Europe, there is an immense diversity of interior construction ; on the continent many having been altered from old convents and other public buildings. With us one model essentially has been followed, and recently published investigations in Germany and elsewhere, have satisfied me that communities having a provision for their insane in contemplation, can find plans more eligible than any now existing among us, and not involving a higher cost considering their greater completeness and adaptation.

4. Occupation. There are unquestionably certain stages of disease, where quiet and rest, and even seclusion from all external objects likely to irritate body or mind are essential. But such conditions are not usually very long required, and indeed not very common in an insane institution, many patients having passed the acute stage of diseased action prior to their admission. The general law, both as regards the curative treatment or custodial comfort of the patient, is constant but varied occupation of body and mind. To ensure this, requires every opportunity and aid of labor and amusement. The more perfect the system of an institution, the more ample will be the provision to secure these ends. The different education, tastes and pursuits of individuals, will render it impossible to subject all to the same course in this respect. To one, agricultural or horticultural avocations ;

to another, mechanical employments ; to a third, the fine arts or some form of busy idleness must be adapted. The various means of employment and diversion at this Asylum have been somewhat fully detailed in former years. The high estimate heretofore placed upon their value is still fully maintained.

Such are some of the more prominent means in the moral treatment of insanity. There are still other adjuvants such as judicious counsel, explanations, and at a proper time even reasonings, a proper participation in the services of religion, and a regulated intercourse with the sane, all of which are of the highest utility.

It is a satisfaction to feel that we live in a country and at a period most auspicious to the treatment of the insane. Truth may compel us to acknowledge that, if pathology and experience have added scarcely any thing to the legitimate medical means of treating insanity, still the age no longer requires us to bow to the authority of great names or traditionary prescriptions, in the application of doubtful or noxious measures. And if a reference to the writings of those who have gone before us, as of a Pinel, or especially of a Tuke, compels us to admit that there is scarce one item of moral treatment which is now in use that nearly half a century since they did not recognize and appreciate, we still have the privilege of knowing that no obstacle exists to a most full and free application of every aid, in our institutions. If the facts, (and in regard to this perhaps a wrong impression may exist to some extent in our community,) require us to decline the honors of much new discovery of means and appliances, we may solace ourselves with having it in our power to make as full and thorough application of the means that are known, as could be desired. That great element in sustaining, encouraging and improving our institutions to the highest point, an enlightened public confidence, has been most freely given.

LUTHER V. BELL,

Physician and Superintendent.

Mc Lean Asylum for the Insane,

Jan. 1, 1842.

APPENDIX.

DIRECTIONS FOR THE ADMISSION OF PATIENTS.

Applications for admission to the Mc Lean Asylum for the Insane, may be addressed to any of the Trustees of the Massachusetts General Hospital, or to Dr. BELL, Physician and Superintendent, at Charlestown, Mass.

The weekly rate for board is fixed by a Visiting Committee of the Trustees, in view of the pecuniary circumstances of each case; the minimum price for residents of this Commonwealth being \$3,00 per week, and for those belonging out of the state, \$4,50 per week.

It is desired that no case (unless certainly of the most recent duration,) should be sent to the institution, unless it is determined and arrangements made, to afford a fair trial. No time short of six months can justly be considered a fair trial, and to place a patient afflicted for many months here with the determination to remove him at the expiration of a single quarter, is an injustice to the Asylum, and to the general cause of the insane.

It is presumed that the friends and guardians of every patient placed here, are satisfied that they can rely upon the skill, kindness and integrity with which he will be treated, and that they can do no better with their charge. Having arrived at this conclusion, as they should do before committing their friend to its cares, it will be recollected as part of the covenant, that the discretion of the Superintendent is to decide in every case upon the patient being seen by friends, or acquaintances or strangers, or visits being absolutely interdicted.

The friends of the insane should be honest in their dealings with them in relation to their admission here. Let the patient

understand where he is to be placed, and the reason—that his seeing them will depend upon circumstances—let no deception be employed nor the responsibility of deciding whether he had better stay or whether he can be relieved, &c., be thrown upon the institution, as is frequently attempted.

The importance of immediate subjection to curative treatment is so great, that recent cases may be brought to the Asylum without previous application except to the Committee for the approval of the bond. Cases of long standing, or those where custody only is regarded, should have application made for them prior to its being decided to have them leave home ; for it must hereafter be impossible to receive all such applications on the instant. The blank form of bond will be furnished on application ; or on occasion of emergency, the form annexed may be copied and executed. It is expected that the evidence as to the responsibility of the signers will be forwarded with the patient.

Relatives or Guardians, with the assistance of a Physician who is acquainted with the case, are requested to annex precise answers to as many of the following questions as are applicable.

Q U E R I E S .

1. What is the patient's age ?
Married or single ? Number of children, if any ?
2. Employment, and reputed pecuniary circumstances ?
3. What were the first evidences of mental derangement, and when first noticed ?
4. What changes have occurred in the mental or bodily condition since the attack ?
5. Does the disease appear increasing, declining, or stationary ?
6. Is deranged mind evinced indifferently on various subjects, or chiefly on a few or single one ? Mention particularly any permanent hallucination or mental deception ?
7. Are there any periodical exacerbations or improvements ?
Any entirely rational intervals ?
8. Has suicide or other self-injury been attempted ? In what manner ? Is the propensity now active ?

9. Has any disposition to injure others been evinced? If so, was it premeditated or in a sudden passion?
10. Is there a disposition to tear clothes, break glass, &c.? to filthiness of person and habits?
11. Has any restraint or confinement been employed, and if so what kind?
12. Has there been any former attack? When, and of how long duration?
13. What connexions, including grandparents and cousins, have been insane?
14. Before the accession of insanity, what were any remarkable peculiarities or eccentricities in the patient's disposition, temper, deportment, habits, or pursuits? Mention, especially, predominant passions, religious impressions, any kind of habitual intemperance, as the use of ardent spirits, tobacco, &c.
15. The history of any bodily disease, the suppression of evacuations, eruptions, sores, epilepsy, palsy, injuries, &c., which may have a bearing on this attack?
16. What are considered, amongst friends and neighbors, to have been the causes of the derangement?
17. What curative means have been pursued, and the effect? Mention, especially, whether depletion by blood-letting, leeches, cathartics, low diet, &c., has been employed, and to what extent?

CERTIFICATE AND APPLICATION.

I hereby certify that of is insane.

Physician.

I request that the above-named insane person may be admitted as a patient into the Mc Lean Asylum for the Insane.

18 .

This should be signed by the guardian or nearest relative or friend of the applicant, stating the relationship after the signature.

OBLIGATION.

In consideration of _____ being admitted a patient into the Mc Lean Asylum for the Insane, at my request, I, _____ of _____ promise the Massachusetts General Hospital to pay the Treasurer thereof, at said Asylum, quarterly, on the first days of January, April, July and October, with interest after said days respectively, the rate of board determined by the Trustees of said Hospital and stated in the order of admission hereunto affixed, to provide or pay for all requisite clothing or other things necessary or proper for the health and comfort of said patient, to remove said patient when discharged, to reimburse funeral expenses in case of death, and if removal uncured, against the advice and consent of the Superintendent before the expiration of three calendar months, to pay board for thirteen weeks.

I also agree to pay for all damages, not exceeding One Hundred Dollars, which may be done by said patient to the property of said Hospital, and the board and wages of a special attendant in case the Superintendent should deem one necessary, and reasonable expenses in case of elopement.

WITNESS my hand this _____ day of _____ 18 .

I _____ of _____ for the consideration above stated, guarantee the performance of the above obligation.

ORDER OF ADMISSION.

To the Superintendent of the Mc Lean Asylum for the Insane.

Receive the above-named patient, if brought within two weeks from date, at _____ dollars, _____ cents per week.

Visiting Committee.

The obligation is to be signed by responsible persons as principal and surety ;—if from a distance, and unknown, a certificate from the Selectmen, or other satisfactory evidence of sufficient ability, must accompany the bond.

REPORT

OF THE

STEWARD OF THE Mc LEAN ASYLUM FOR THE INSANE,
FOR THE YEAR 1841.

The following are the balances of the several accounts :

Stores,	.	.	.	.	.	.	\$11,013 81
Wages,	.	.	.	.	.	.	4,217 20
Diversions,	.	.	.	.	.	.	624 37
Medicine,	.	.	.	.	.	.	175 51
Contingencies,	.	.	.	.	.	.	487 89
Furniture,	.	.	.	.	.	.	1,726 53
Repairs,	.	.	.	.	.	.	1,348 50
Improvements,	.	.	.	.	.	.	800 17
Boxes,	.	.	.	.	.	.	108 45
Stationary,	.	.	.	.	.	.	39 24
Library,	.	.	.	.	.	.	73 26
Fuel,	.	.	.	.	.	.	1,417 02
Abatement,	.	.	.	.	.	.	444 76
Retreat and Barn,	.	.	.	.	.	.	2,109 03

\$24,585 74

Salaries,	.	.	.	.	.	.	3,600 00
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\$28,185 74

Deduct credit of Farm, &c., 1,412 75

Sum abated, 444 76

Retreat and Barn,	2,109 03	3,966 54
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\$24,219 20

COLUMBUS TYLER, *Steward.*

Mc Lean Asylum, Jan. 1, 1842.

OFFICERS OF THE INSTITUTION. 1842.

EDWARD TUCKERMAN, *President.*

JONATHAN PHILLIPS, *Vice-President.*

HENRY ANDREWS, *Treasurer.*

MARCUS MORTON, JR., *Secretary.*

TRUSTEES.

CHARLES AMORY,

WILLIAM T. ANDREWS,

GEORGE BOND,

NATHANIEL I. BOWDITCH,

MARTIN BRIMMER,

EBENEZER CHADWICK,

GEORGE M. DEXTER,

HENRY EDWARDS,

ROBERT HOOPER, JR.,

THOMAS LAMB,

FRANCIS C. LOWELL,

HENRY B. ROGERS.

Consulting Physicians.

JAMES JACKSON, M. D. JOHN RANDALL, M. D. GEORGE C.

SHATTUCK, M. D. JOHN HOMANS, M. D.

Consulting Surgeons.

JOHN JEFFRIES, M. D. ABEL L. PEIRSON, M. D. EDWARD

REYNOLDS, M. D. OLIVER W. HOLMES, M. D.

Officers of the Hospital.

JOHN M. GOODWIN, *Superintendent.*

JACOB BIGELOW, M. D.

ENOCH HALE, M. D.

JOHN B. S. JACKSON, M. D.

JOHN C. WARREN, M. D.

GEORGE HAYWARD, M. D.

SOLOMON D. TOWNSEND, M. D.

} *Visiting Physicians.*

} *Visiting Surgeons.*

HENRY I. BOWDITCH, M. D. *Assistant Physician.*

EZRA W. FLETCHER, *House Physician.*

GEORGE HAYWARD, JR. *House Surgeon.*

CHARLES K. WHIPPLE, *Apothecary.*

Officers of the Mc Lean Asylum.

LUTHER V. BELL, M. D. *Physician and Superintendent.*

JOHN FOX, M. D. *Assistant Physician and Apothecary.*

COLUMBUS TYLER, *Steward.*

MRS. MARY E. TYLER, *Matron.*

HOMER GOODHUE, *Male Supervisor.*

MISS RELIEF R. BARBER, *Female Supervisor.*

VISITING COMMITTEES

FOR

1842-3.

March, ...	Messrs. CHADWICK and ANDREWS.
April, ...	" ANDREWS and EDWARDS.
May, ...	" EDWARDS and BOWDITCH.
June, ...	" BOWDITCH and HOOPER.
July, ...	" HOOPER and BOND.
August, ...	" BOND and LAMB.
September, ...	" LAMB and DEXTER.
October, ...	" DEXTER and LOWELL.
November, ...	" LOWELL and ROGERS.
December, ...	" ROGERS and AMORY.
January, ...	" AMORY and BRIMMER.
February, ...	" BRIMMER and CHADWICK.

ANNUAL REPORT

OF THE

Board of Trustees

OF THE

MASSACHUSETTS

GENERAL HOSPITAL,

FOR THE YEAR

1842.

BOSTON:

PRESS OF JAMES LORING.

1843.

ANNUAL REPORT

OF THE

Board of Trustees

OF THE

MASSACHUSETTS

GENERAL HOSPITAL,

FOR THE YEAR

1842.

BOSTON:

PRESS OF JAMES LORING.

1843.

REPORT

OF THE

BOARD OF TRUSTEES OF THE MASSACHUSETTS GENERAL
HOSPITAL, PRESENTED TO THE CORPORATION AT
THEIR ANNUAL MEETING, JANUARY, 1843.

THE By-Law of the Corporation, which requires the Trustees to make a written annual Report "on the Treasurer's account, and on the general state of the institution, comprising a statement of the number of patients admitted and discharged during the year at each department, and of their respective receipts and expenditures," is founded in a just regard to the interests both of the public and the institution itself. It is proper that the public should have every reasonable facility for acquiring a thorough knowledge of an institution designed for its benefit; and, it is also highly desirable that a charity, which yearly alleviates the bodily and mental infirmities of over six hundred fellow beings, should be, from time to time, so faithfully depicted, as to attract towards it the attention and protecting care of all who take an interest in suffering humanity. In no other way can the benefits conferred by our public institutions, be made to keep even pace with the growing wants of an increasing population. The various Boards of Trustees, which, for thirty years past, have had the charge of this institution, have uniformly acted in accordance with these views. Indeed, their annual statements and reports have been so minute upon all points of interest, and are now so familiar to a large portion of the community, as to make it seem somewhat a matter of supererogation to report anything more, at this

time, than the Treasurer's account, and the fact of its being properly vouched and balanced. It should be borne in mind, however, that, in a community like ours, there must always be a large number of persons, who, from various causes, are unacquainted with the details of an institution like this, and that even those who are now familiar with them will soon become indifferent, unless their memory and feelings be quickened by frequent and minute statements from its immediate officers and managers.

The Property of the institution consists of the Hospital in Allen street;—the Asylum at Somerville, formerly Charlestown;—and the invested capital and cash on hand.

The whole cost of the land and buildings of the Hospital to this date, as taken from the books, is	\$145,069	44
and of the Asylum,	-	245,845
	-	98

Making a total amount of Fixed capital, invested in these two departments of the institution, of - \$390,915 42

Of this amount, the sum of \$89,291 37 was specially given by the donors to the Asylum; \$73,809 29 to the Hospital; and the remainder has been appropriated out of the general funds of the institution by the direction of its Boards of Trustees.

From this statement it will be seen that the outlay in land and buildings at the Asylum exceeds that at the Hospital, by \$100,776 54; and this amount has been drawn from the general funds of the institution that, at the time of their removal, were well invested and yielding a good income.

The increased demand of the community for larger and better arranged accommodations for the insane, was the reason which induced the directors to make this unequal distribution of the funds between the two departments; but, as these have now been adequately provided, it may become a question, whether the interests of the Hospital do not require the Trustees to appropriate to the exclusive benefit of this department, all sums of money which may hereafter be received at the Asylum, over and above its annual current expenses.

The Invested capital of the institution, deducting therefrom a

debt of \$20,000, to the Hospital Life Insurance Company, is debited on the books of the Treasurer at \$110,056 72.

The Income of the institution is derived from the following sources, viz. :—the annual profits of its invested capital ;—a right to one-third of the yearly profits of the Hospital Life Insurance Company ;—the board of its patients ;—and annual subscriptions for free beds at the Hospital.

From the Treasurer's account it will appear, that there has been received during the past year, in the shape of profits from the invested capital, deducting interest on the mortgaged debts and charges on the real estate in Washington street, \$6,727 78

From the annual profits of the Hospital Life Insurance Company, ... 5,000 00

From ten annual subscribers, ... 1,400 00

Making the total receipts, ... \$13,127 78

The documents presented by the Superintendents, show that there has been received at the Hospital from patients for board, ... 2,650 10

And at the Asylum, ... 30,000 00

It also appears from an examination of the books and accounts of the several officers, that the gross amount of receipts from all sources during the year, exceeds that of the expenses of the entire institution, by the sum of \$5,153 16.

The above sum shows the true state of the accounts at the close of the year, as exhibited by the books ; but the Steward of the Asylum is of opinion that there will be eventually a loss at his department, of from \$900 to \$1000 in bills for board that cannot be collected, which would reduce the balance to \$4,153 16.

The Hospital in Allen street, with the exception of from three to four thousand dollars received for board from patients, is supported by drafts on the Treasurer of the institution. Their amount the past year was \$10,000. The expenses at this department have been \$12,955 59, and a particular statement of them will

be found in the subjoined report of its Superintendent. The cost of supporting each patient has been \$5 34 per week.

From a document furnished by the Steward of the Asylum, it appears that the current expenses of this department during the past ten years, have exceeded the gross amount of receipts from patients and other incidental sources during the same period, by the sum of \$771 74; so that the department is still in debt to the general fund. From the results, however, of the past two years, contained in the same paper, it is gratifying to learn that the current expenses of this department have been, during this limited period, more than provided for by its annual receipts. The balance in its favor at the close of the past year was \$3,517 01; but is subject to deduction for loss on bills due for board, as above stated.

It is to be hoped that the Asylum will in future, continue to defray its general current expenses; but, that it should be able to do much more than this seems highly improbable, when we consider the very remarkable fact stated by Dr. Bell in the accompanying report, that, during the last five years, one-third of the whole number of patients admitted into that department has come from *without* our own State, and the great probability there is, that the institutions which have recently been established, or are about commencing in Connecticut, Vermont, Maine, New Hampshire, Rhode Island, New York and Pennsylvania, will materially diminish the number of those who would otherwise resort to our Asylum from those States. It should be recollected, also, that the lowest rate of board for patients coming from other States is \$4 50, whilst that for those belonging to our own State, is \$3; the loss therefore of every ten patients from abroad, is equal to that of fifteen from this Commonwealth.

The balance of payments made by the Steward at the Asylum, together with the salaries of the officers during the past year, amounts to \$26,755 03; the details will be found in his statement hereto annexed. The average weekly cost of supporting each patient has been the last year, \$3 90.

The Hospital is exclusively devoted, as is well known, to the cure of the "sick, lame and wounded." In its general arrangements and conduct, it so nearly resembles all other institutions of the kind as to render any particular specification of them unnecessary. Of its present internal economy and condition, however, the Committee would say, in justice to its Superintendent and officers, that, in respect to appropriate accommodation,—wholesome and sufficient food,—perfect cleanliness in every part,—strict order and quiet,—good nursing, kind attention, and faithful and skilful professional treatment, this department is entirely satisfactory; and, so far as their knowledge extends, is not surpassed in these particulars, by any other of the kind in the country.

The whole number of patients admitted to the Hospital the past year, was 347; of these, 177 were wholly supported by the institution, 11 were partly supported, and 133 paid only the moderate board of \$3 per week—or \$2 34 less than the actual average cost for each individual's support. From this it appears that this department fully answers the design of the original founders in "affording the most extensive relief, and in administering its benefits to all who stand in need, at as low a rate as can consist with its interests and existence."

Of the whole number in the house, 121 have been discharged as well; 86 as much relieved; 51 as relieved; 45 as not relieved; 9 as not treated; 4 as unfit subjects; and 25 have died. The average number of patients in the house has been 43, which is 8 less than that of last year. The average period of stay of each paying patient has been four weeks, and of each free patient six weeks and one day. The number of persons refused admission to the Hospital the past year, in consequence of no free bed being vacant, has been 104; by reason of all the beds being full, 10; from the prevalence of small pox, 29; and on account of the cleansing of the house after the disappearance of the contagion, 12.

It is with much regret that your Committee are compelled to state, that, on the eighth day of April last, a case of small pox accidentally made its appearance in a man who, for some time

previous, had been a patient in the surgical ward ; and, notwithstanding every necessary and proper precaution immediately taken by the officers to prevent the spread of the disease, two others in the same ward were attacked by it,—to one of whom, Mr. Samuel Hoit, it proved fatal. It is said that these three individuals were the only ones, out of ninety-three persons at that time in the house, who had never been vaccinated ; and, if this be true, the fact affords additional evidence of the great protection afforded by vaccination against the virulence of this much dreaded disease, since no others were attacked by it. Sixteen cases, however, of varioloid appeared in the Hospital from the 20th of April to the 1st of June, most of which were quite mild in their character. Since that period, it has been free from all appearances of contagion. In consequence of the breaking out of these diseases, the number of patients was reduced from 61 to 13,—the directors feeling it to be their duty to forbid all admissions during their prevalence. After their entire disappearance, it was deemed advisable to have the several wards thoroughly cleansed, white-washed and painted ;—an operation which occasioned the incurring of an additional expense in repairs, and, at the same time prevented the admission of new patients. These circumstances will explain why it is that the whole amount of expenditures at the Hospital is considerably larger this year than the last. For, if we examine the statement presented by the Superintendent, we shall find the increase to be occasioned by the difference in the two items of “repairs,” and “receipts from patients ;” the one exceeding by about \$1000, and the other falling short in nearly an equal sum of those items, as stated in the last year’s account. The same causes will also in part account for the weekly expense of each patient being set down in the accompanying tables at \$5 34, when, the last year, it was only \$3 90. This result is not occasioned by any want of judgment or economy in the management of the Hospital, which, it is believed, has been as prudently conducted as heretofore ; but arises, from the fact that the expenditures of the department are this year apportioned on a smaller number of patients,—and also

that the salaries of the officers and the repairs of the house are now included in the Superintendent's statement of expenses, which has not been the case heretofore. This has been done at the suggestion of your Committee, from a conviction that the salaries and ordinary repairs are as much a part of the expenses for which patients should be charged, as any of the other items in the Superintendent's statement. If the yearly expenses had been made up in the same way, and their gross amount divided by the same number of patients as the last year,—the average cost per head would be found not to exceed what it was at that time.

The generous donation of \$1000, which was made rather more than a year ago by Dr. J. C. Warren, with the design of having the annual interest of this sum applied to the purchase of books for the use and benefit of the patients at the Hospital, has been safely invested, and a Committee has been appointed to select and procure such books as will be likely to carry out the benevolent intentions of the donor. Your Committee cannot but hope that this donation of Dr. Warren, will eventually lead to the forming of a suitable and well selected library at the Hospital. For, it must be obvious to every reflecting mind, that seasons of bodily infirmity and sickness present peculiarly favorable opportunities for making useful impressions upon the character, and for affording Christian comfort and consolation, through the use of books ; and it would seem that the patients were not the recipients of all the good which might be conferred upon them whilst under our care, so long as we remain without a library. The Committee commend the subject to the consideration of all who take an interest in the best welfare of the inmates of the Hospital.

Nothing has transpired during the year at the Mc Lean Asylum for the Insane, which is deemed worthy of special notice. This department has been raised to its present highly satisfactory state, through the enlightened professional skill, energy and fidelity of those, who, at different periods, have had its various branches under their immediate control ; and your Committee, from their

own frequent personal observation of its internal management and condition during the past year, are inclined to concur in the opinion expressed by Dr. Bell in his Report, "that in general health and peace,—in freedom from every painful accident,—and in its curative results, the year now completed will compare favorably with any former period." The fact that this was the first institution of the kind established in the country, and the deep and growing interest which of late years, has been taken in the subject of insanity, have naturally attracted to this department a larger share of attention than has been granted to the other. The Trustees, in accordance with the general feeling, have been anxious, in their successive annual reports, to give as full details of the internal arrangements and management of the establishment and of the various processes adopted for the comfort and cure of its inmates, as was in anywise practicable.

Your present Committee would have felt bound to pursue a similar course, were they not satisfied that every thing of importance in relation to this deservedly favorite institution, will be found fully set forth in the subjoined report of their able Superintendent ; and that they fulfil their whole duty in this particular, by simply referring to this most valuable and important document.

They will, however, state in general, that the house throughout the year has had within its walls as many patients as can be conveniently accommodated ; the average number being 132. The number under treatment has been 271 ; received 129 ; discharged 138 ; remaining in the house, 133. Of those discharged, 80 are put down in the tables made by the Superintendent, as recovered ; 8, as much improved ; 12, as improved ; 20, as not improved ; and 15, as having died. The number of entire recoveries is larger than that of any previous year, which is certainly a most gratifying result. It will be perceived, on reading the report of Dr. Bell, that he is wholly opposed to the very common practice of giving minute statistical tables of the results of treatment pursued at Insane Hospitals ; and we cannot but feel that his observations upon this point are entitled to very great weight. The slightest consideration must satisfy every un-

prejudiced mind of the extreme difficulty of expressing accurately the results of curative treatment in a mathematical form, and of the gross errors and great injustice which must follow the attempt, if a judgment is formed upon such tables of the comparative success of different institutions, without a full knowledge of their several distinctive regulations as to admission, length of stay, and class of patients,—as well as of the many circumstances and peculiarities which individualize almost every case. We therefore commend Dr. Bell for his boldness and integrity in expressing his opinion upon this subject, at the risk, perhaps, of some professional renown.

The occurrence of a quarter of a century since the establishment of this department, has afforded the opportunity to our Superintendent of giving an highly interesting and detailed account of its history to the present time, which we earnestly recommend to the attention of all who take an interest in its unfortunate inmates. No one, we think, can rise from its perusal, without a deeper feeling of reverence for those excellent men by whose munificent liberality this noble charity was founded, and of just pride in the State of Massachusetts, that was its early patron and friend ; without obtaining a more vivid perception of the great amount of good, which, through many successive years, it has been the means of affording,—and a stronger conviction that in no way can he act more wisely or honorably, either as a legislator or a private citizen, than by encouraging and supporting institutions designed to “heal the sick,” or to protect, solace, and restore the “bereft of reason.”

Your Committee are unwilling to close their report, without alluding to the loss which they have sustained by the death of the Chairman of their Board, the late George Bond, Esq. Ever ready to devote his time, talents, property and influence to all objects of public utility, he was the early friend of this institution ; and by his faithful services and prudent counsels, contributed essentially to its present prosperity and success. A man of lofty principles, sterling integrity, sound judgment and generous impulses, his memory is entitled to the respect of all who honor

virtue or love practical benevolence. May we not hope that his example will be duly appreciated and extensively followed.

Your Committee have carefully examined the Treasurer's account, and find the same to be correctly cast and properly vouched. They have also compared the certificates and other evidences of property in his hands, with his statement of property belonging to the institution on the 31st day of December last, and find them to agree with each other.

In behalf of the Committee.

HENRY B. ROGERS, }
WILLIAM T. ANDREWS, } *Committee.*

Boston, Jan. 1843.

REPORT

OF THE

SUPERINTENDENT OF THE HOSPITAL IN ALLEN STREET,
BOSTON, FOR THE YEAR 1842.

*Admitted to the Massachusetts General Hospital, from January
1, 1842, to January 1, 1843.*

	Males.	Females.	Total.
Patients paying board, ...	122	37	159
do. do. part of the time, . .	7	4	11
do. entirely free, ...	93	84	177
Total,	222	125	347

Of these, 133 paid \$3; 8 paid \$4; 1 paid \$5 $\frac{1}{2}$; 22 paid \$6; 4 paid \$10; 1 paid \$12; and 1 paid \$13. Total, 170.

Discharged during the year.

	Males.	Females.	Total.
Well, ...	73	48	121
Much relieved, ...	53	33	86
Relieved, ...	31	20	51
Not relieved, ...	26	19	45
Not treated, ...	7	2	9
Eloped, ...	3	0	3
Unfit, ...	2	2	4
Dead, ...	16	9	25
	211	133	344

Proportion of deaths to the whole number of results, is 1 in 14, nearly.

	Private Rooms.	Paying.	Free.	Total.
Greatest N ^o . of patients at any one visit,	7	27	35	62
Least do. do. do. do.	0	3	10	13
Average number of patients, 24 males, 19 females. Total,				43
do. do. of paying patients, 12 American, and 4 Foreign,				16
Proportion of Ward beds occupied by free patients, $\frac{7}{11}$.				
Average time of stay of Ward-paying patients, is 4 weeks.				
do. do. of free patients, is $6\frac{1}{7}$ weeks.				

Analysis of Patients.

	Pay.	Free.	Part of time paying.
Males.....Mechanics, ...	35	14	2
Laborers, ...	20	29	1
Farmers, ...	14	6	0
Sailors, ...	15	12	2
Minors, ...	3	15	1
Teamsters and Coachmen, ...	6	7	1
Traders, ...	9	2	0
Clerks, ...	14	2	0
Domestics and Waiters, ...	5	6	0
Clergymen, ...	1	0	0

Of this number, 22 were in private rooms. 122 93 7

Females....Domestics, ...	13	44	3
Spinsters, ...	4	10	0
Minors, ...	2	3	0
Housekeepers, ...	2	4	0
Wives, ...	9	12	0
Widows and Nurses, ...	4	2	0
Cooks, ...	0	4	0
Teachers, ...	0	2	0

Of these, 4 were in private rooms. 34 81 3

A fraction over one-fourth of the free patients were female domestics, and nearly one-sixth were male laborers, most of whom were Irish.

Annual Expenses for 1842.

Stores, ...	3,957 19
Wages, ...	3,450 53
Fuel, ...	1,018 99
Furniture, ...	1,069 04
Medicine, ...	862 91
Repairs, ...	1,712 88
Stationary, ...	74 42
Grounds, ...	21 31
	\$12,167 27
Salaries, ...	850 00
	13,017 27
Deduct Contingent Cr.	61 68
	\$12,955 59

The whole amount of board charged during the year to all the patients, was \$7,453 14; of this sum there was charged for free patients, \$4,803 04 to the Trustees, and the balance \$2,650 10 has been received in cash from paying patients.

If from the gross amount of annual expense, \$1000 be deducted for extra repairs for this year, and the balance be divided by 52 (the weeks,) and this quotient by 43, the average number of patients, the result will give \$5 34½ for the weekly expense of each patient.

JOHN M. GOODWIN, *Superintendent.*

To the Board of Trustees.

TWENTY-FIFTH
ANNUAL REPORT

OF THE
PHYSICIAN AND SUPERINTENDENT OF THE Mc LEAN ASYLUM
FOR THE INSANE, TO THE TRUSTEES OF THE
MASSACHUSETTS GENERAL HOSPITAL.

THE institution has seen another year pass under circumstances of much satisfaction and prosperity, but with scarce any incident beyond its ordinary routine worthy of record. In general health and peace, in freedom from every painful accident and in its curative results, it is believed that the year now completed will compare favorably with any former period.

The average number of inmates has been the same as in preceding years, the house having been usually filled to an advantageous limit of its accommodations. The number of applicants has fallen short of recent years to the exact extent indicated by the number of patients from adjacent States, now furnished with institutions of their own, which have gone into operation—a happy proof that those charities are fulfilling their intended object as well as a probable guaranty that this Asylum, as has always been the case heretofore, will be saved for the future from closing its doors against any citizen of our Commonwealth, who elects to demand its advantages.

It cannot fail to be a subject of regret, and perhaps in view of all the preferences and inducements accorded to our own fellow-citizens, of astonishment to your Board, that so considerable a proportion of the benefits of this Asylum should accrue to resi-

dents of other communities; benefits for which however they have always remunerated the institution in a full pecuniary equivalent.

From the commencement of its operations, a difference of thirty-three per cent. in the minimum rates of board has been made in favor of our own citizens. The lowest rate for them has been three dollars per week; a price obviously so low that for it no citizen, not seeking or willing to receive eleemosynary aid, would expect proper care, provision, medical aid, nursing and every other charge in any ordinary sickness, to say nothing of the immensely increased outlays necessary to do even moderate justice to the insane. *At all events, it has proved a price far short of the average cost to the institution.*

That a partial equivalent is the general rule and not the exception, is manifest from the fact that of the 465 of our citizens admitted during the last five years, 253 or over one-half have been received at three dollars, and over three quarters (372 of 465) at four dollars and under.

In addition to these inducements for our citizens to avail themselves of the means here provided at a cost of over two hundred thousand dollars, a sum of over a thousand dollars per annum in the shape of abatements of charges already accrued, and of noble benefactions from a few generous citizens of Boston to extend the curative residences of cases where friends have made every proper exertion, has been realized principally, although not exclusively, to citizens of this State.

The Asylum has been enabled to do this and to sustain itself solely from its class of wealthy boarders, a high price for whom has been cheerfully accorded, as well it might, being usually a less expense than the ordinary cost to the same individuals at home.

With these facts it will be probably a strange and unexpected circumstance to the Board to be informed that the ratio of patients from without our own State has increased from being, as it was five years prior to 1832, only one-eighth of the whole admissions, to one-third of the whole during the last five years.

Indeed, during these five years, three-quarters of the towns of Massachusetts have never had one of their citizens under our care.

I can hardly bring myself to believe that this diminished ratio of patients from our Commonwealth since 1832, is attributable to any want of confidence in the institution itself, and this from the facts that it has uniformly received a great proportion of its Massachusetts' inmates from its immediate vicinity where it may be supposed to be best known; for example, within the period before named, more than one-third, (172 of 465) from the city of Boston;—that its patients from distant sections have increased spontaneously, not the slightest effort or inducement ever having been made to this effect, the entire average number of patients having doubled within this period; and lastly, that its ratio of “recovered” has never been exceeded as far as “Reports” have been made.

Apparent as it must be that no proper or becoming effort has been wanting to commend this institution to the class for whom, as established by their liberality, it was primarily designed, the citizens of this State, I leave the explanation of its having failed to meet this end to those whose duty or choice it may be to enter into the investigation.

During the past year, the number of those deemed proper to be placed under the head of recovered exceeds that of any previous year, being eighty of one hundred and thirty-eight dismissed. All for whom application has been made have been received, as in years past; of course, the epileptic, the paralytic, the hopelessly demented of every form accumulate, while death gradually withdraws their numbers. Still, acting on the principle avowed as a rule of conduct many years since, that the design of this Asylum, as determined by its founders, is as much fulfilled in taking care of the hopeless and easing their passage to the tomb as in assisting the efforts of nature in restoring the recoverable, we never refuse and never return to their friends any, however repulsive, troublesome or approaching death. Thus far we have had no necessity to dismiss less urgent cases for more

pressing ones, as the institution has allowed of successive additions as detailed in former reports.

If the character of an institution were dependent on its presenting the highest possible ratio of recoveries or smallest of deaths we should, under this system, labor under disadvantages, easily to be remedied could a different view of duty and expediency be attained.

The ratio of deaths is rather larger than ordinary, several of the aged and chronic cases, as was anticipated in the Report of last year, having deceased. The general health of the house has been good.

I have perceived no reasons to change the opinions, expressed in former years of the absurdity and futility of any attempt to deduce, mark and tabularize the forms, causes, results or other circumstances connected with the insane. I still believe the so called statistics of insane hospitals, if carried into any detail beyond the simplest and most unimportant facts and if unaccompanied with explanations touching almost every case, are, from their uncertainty and instability, deserving no higher value than a system of *opinions presented with arithmetical notation*, calculated to mislead the public and amuse that part of the medical profession who have any practical acquaintance with the subject. With these convictions the return, which I should prefer to make to your Board, would be the following :

	Males.	Females.	Total.
Number of patients at the commencement of the year 1842, . . .	79	63	142
Received during the year, . . .	67	62	129
Whole number under care, . . .	146	125	271
Dismissed adjudged to have regained their ordinary state of health, . .	35	45	80
Removed by friends in accordance with their own views of expediency, after various periods of residence from a few weeks to many years, some apparently convalescent and promising speedy recovery, others			

Males. Females. Total.

much improved in the manifestation of their disease, others improved by change of form in their symptoms, others ameliorated in manners and habits, others stationary and with no prospect of relief, . . .

19 21 40

Died, . . .

10 5 15

Three others have not been deemed as fit subjects; one not having evinced such degree of disease as to justify his detention, one suffering under fever and another being merely intemperate and perverse, . . .

1 2 3

Leaving at the end of the year, . . .

81 52 133

Regarding the record of approximations, sanctioned by the entire previous custom of the institution, as possessing some interest and not wholly valueless as a means of comparing various periods of the Asylum, although repudiating for it any claim as an element of comparison with other institutions having different rules of admission, rejection or detention—or less favorably situated as to early reception of patients after disease is first manifested, I present the following recapitulation and a continuation of the proportionate results presented in former years :

Males. Females. Total.

Recovered, ... 35 45 80

Much improved, ... 4 4 8

Improved, ... 5 7 12

Not improved, ... 10 10 20

Died, ... 10 5 15

Unfit, ... 1 2 3

Eloped, ... 0 0 0

Total, 65 73 138

Remaining Jan. 1, 1842, . . . 79 63 142

Received during the year, . . . 67 62 129

Whole under care, . . . 146 125 271

Leaving in the house, . . . 81 52 133

During the last eight years the general results have been as follows :

Year.	No. ad- mitted.	No. dis- charged.	Whole No. un- der care.	Died.	Not im- proved.	Impro- ved.	Much im- proved.	Recov- ered.	Remain- ing.
1835	83	84	163	11	7	11	9	45	77
1836	106	112	183	10	24	5	9	64	71
1837	120	105	191	8	8	4	10	72	86
1838	138	131	224	12	13	7	23	74	93
1839	132	117	225	10	13	11	11	69	108
1840	155	138	263	13	18	20	12	75	125
1841	157	141	283	11	29	13	11	75	142
1842	129	138	271	15	20	12	8	80	138

This gives the elements of the following proportions.

Year.	Per cent. of recoveries.	Per cent. of deaths of discharged.	Per cent. of deaths of all under care.
1835	53.5	13.	6.1
1836	57.1	8.9	5.5
1837	68.6	7.6	4.2
1838	56.4	9.1	5.4
1839	59.	8.5	4.4
1840	54.3	9.4	5.
1841	53.2	7.8	3.9
1842	58.	10.8	5.5

In closing this sketch of the operations of the Asylum since its last Report, I cannot but feel bound to make a grateful acknowledgment of the measure of public and especially, of professional confidence which has been extended to the institution and its direction. To aver that our whole intercourse with the numerous body of individuals; patients, their friends and acquaintances with whom our duty has brought us more or less in contact, has been without any unpleasant or wounding circumstances would be to presume that our administration had been faultless and fortunate in the eyes of all, sane or insane, or that the entire aggregate of all interested in patients committed to our care had uniformly been the intelligent, the generous and the reasonable.

While, at occasional intervals, we have had to feel that our good has been made evil, it is alike a pleasure and a duty to acknowledge how ready the community have been, for so many years, to sustain us and thus to lighten the burden of trusts in themselves so essentially enveloped in intense anxieties and responsibilities.

I gladly avail myself of the belief that there can be no necessity to enlarge upon the system of means employed at this Asylum for the care, comfort and and restoration of our inmates, and consequently omit the thrice told tale of the various methods of interesting, occupying, amusing and otherwise assisting our charge. The good citizens of our Commonwealth have been so often served with the detail of measures adopted in this and the other similar institutions that they can require no recapitulation of facts now so generally understood. I am aware of no changes or improvements introduced into the treatment of insanity of late, which need to be communicated. Allusions are frequently made in our public prints, suggested by accounts in the English periodicals, to the non-restraining system now introduced into the lunatic establishments of that country. I beg leave to repeat the statement made in my Report for 1840, founded on personal observation of what they there choose to term the disuse of restraining means, that this improvement can never be introduced into this, or I believe any of our northern institutions, for the reason that the evil never has existed in any of them. It is believed confidently that the chains, coercion chairs, strait waistcoats and other analogous means have never formed a part of the system of any of our public institutions. The public press of our country, advised of the actual state of the facts will have no occasion to expend its energies in quoting and commending for our example those *remarkable and daring feats* of foreign hospitals in permitting insane patients to be without chains and other forms of personal restraint.

Although the yearly repetition of the same sentiment is somewhat awkward, yet I will not deny myself the gratification of again reporting to your Board my entire reason for satisfaction

with the fidelity, intelligence and integrity of my fellow-laborers throughout in this field of duty. The fact that year after year has passed away without an accident above the grade of a scratch to a single person, without an instance of self-destruction or scarcely a temporary elopement, redounds especially to the credit of the supervisors and attendants. That we have harmoniously and happily co-operated in our respective duties, is perhaps to be presumed from there having been no new officer or assistant employed amongst our patients during the past year. That the failures in kindness cannot have been many or aggravated I trust from never having received any complaint of ungentle or unkind usage from any recovered patient, or having known any to be made to your weekly Visiting Committees.

I cannot again expect a year free from changes in our associates. Indeed I have already to regret the determination of the assistant physician, Dr. Fox, to retire from a situation where his valuable services for four years have lightened my labors and relieved my anxieties so essentially. He will carry with him into the quiet scenes of a more private life the kindly regards and best wishes of our entire household.

The caption to the present Report will have reminded your Board that a quarter of a century has elapsed since this institution was established ; a period of time which seems naturally to present an epoch at which it may not be unexpected that a brief survey should be made of the progress of the undertaking then commenced, and some materials in its history and results offered to enable a judgment to be made, as to how far the expectations of its benevolent founders have been realized. Many of these have departed, but to those who remain the retrospect cannot but be gratifying ; and, perhaps, not unprofitable to any in our time

whose sympathies and generosity may be appealed to in behalf of suffering.

It will be recollected that the origin of the Massachusetts General Hospital was briefly as follows :

In 1797 a gentleman of Boston made to that town a bequest of \$3000 "towards building a hospital as soon as the town should determine to begin the work." In 1810 two eminent physicians addressed "a circular letter, in which the advantages of a hospital were stated with force and justness, to several gentlemen of Boston, possessed of ample fortunes and disposed to contribute to institutions in which the public good was concerned."

In the beginning of the next year fifty-six gentlemen in various parts of the Commonwealth were incorporated by the name of the "Massachusetts General Hospital."

The charter allowed property to be held to the yearly income of \$30,000 ; granted a fee simple in the estate known as the "Province House," (the value of which was estimated at \$40,000) on condition that \$100,000 should be raised by subscription within ten years ; and constituted the Governor, Lieutenant Governor, President of the Senate, Speaker of the House of Representatives, and the two Chaplains of the Legislature, a Board of Visitors, to visit semi-annually or whenever they think it expedient.

The Corporation was authorized to change its name to that of any benefactor who should contribute a sum exceeding that given by the Commonwealth.

Trustees were chosen in 1813, but, owing to the general distress and embarrassment of the country, they forbore collecting subscriptions and donations until the autumn of 1816, when the subscription was attended with remarkable success,—a success unparalleled previously or subsequently in the history of such undertakings ; 1047 individuals subscribed either to the "hospital," or to the "insane department," or to both without discrimination ; of whom 245 each contributed to the amount of one hundred dollars and above, the sum required by the By-Laws to constitute a member of the Corporation.

The insane department was located in 1816 at a promontory in Charlestown (now Somerville,) well known in the revolutionary war as "Cobble Hill;" it being wisely concluded that the limits of a large and increasing town did not afford so advantageous a position for such an object as a convenient rural site. Fifteen acres of fine land on the top of the hill, extending down to the bay on the southern side and comprehending a large, commodious and, as experience has shown, a well adapted mansion-house were purchased and two wings were erected at a distance of sixty feet on each side for patients of either sex. Each wing was calculated for thirty patients, having three galleries and strong rooms separate.

The noble donation of John Mc Lean, Esq. in 1821 by will, justified the distinction of the Asylum by his name to all future time.

The principal part of his legacy was expended in adding new buildings for the male department which had become too limited for the demands for admission and effecting general improvements which some sad errors and want of information in the early arrangements had rendered necessary.

In 1836 the large legacy of Miss Mary Belknap was employed in constructing the extensive addition to the female wing designated as the "Belknap Ward;"—a construction which for elegance and adaptedness to its design leaves nothing to be desired.

The improvements made since then have enlarged the accommodations of the male patients, perfected the original deficiencies of the first constructed wings, effected entire renovations of the collateral buildings and increased the territory to double the number of acres of the original purchase.

The extent of the operations of the institution during its entire existence, and an approximate idea of its results may be seen in the following recapitulation of the annual reports made to your Board :

Year.	Admitted.	Discharged.	Whole No. under care.	Unfit.	Eloped.	Dead.	Not improved.	Improved.	Much improved.	Recovered.	Remaining at end of year.
1818 }											
1819 }	58	35	58	1	0	5	5	9	4	11	23
1820	44	40	67	1	4	1	11	8	4	11	27
1821	47	46	74	1	2	3	10	8	12	10	28
1822	64	50	92	0	0	5	17	8	6	14	42
1823	73	61	115	1	2	2	19	11	6	20	54
1824	53	56	107	0	1	5	14	5	8	23	51
1825	59	56	110	2	4	8	8	3	10	21	54
1826	47	46	101	0	1	5	14	5	1	20	55
1827	58	56	113	1	0	5	6	2	8	34	57
1828	77	65	134	3	0	5	12	12	10	23	69
1829	73	77	142	1	1	9	19	12	9	26	65
1830	82	78	147	0	2	10	6	8	18	34	69
1831	83	84	152	0	2	8	16	15	13	30	68
1832	94	98	162	1	0	10	14	9	21	43	64
1833	103	100	167	0	2	8	10	25	13	42	67
1834	107	95	174	0	0	7	6	15	26	41	80
1835	83	84	163	1	0	11	7	11	9	45	77
1836	106	112	183	0	0	10	24	5	9	64	71
1837	120	105	191	3	0	8	8	4	10	72	86
1838	138	131	224	2	0	12	13	7	23	74	93
1839	132	117	225	3	0	10	13	11	11	69	108
1840	155	138	263	0	0	13	18	20	12	75	125
1841	157	141	283	2	0	11	29	13	11	75	142
1842	129	138	271	3	0	15	20	12	8	80	133
	2142	2009		26	21	186	299	238	262	957	

Dr. Rufus Wyman was appointed the first Physician and Superintendent of the Asylum. No selection could have proved more fortunate for the new institution. Entering on his duties with no similar undertaking for an exemplar to guide him in interior arrangements or in general management, the weight of difficulty and responsibility which necessarily fell upon him must have been far greater than any of his successors in such trusts, who have had the aids of his ingenuity and labors, can have experienced. Indeed to this day scarce any institution can be visited in the land where evidences of the operations of his mind do not present themselves on every hand, not only in details of

architectural and mechanical arrangements but in the moral regimen and internal system. What is due to his memory as a public benefactor in this way can never be realized or appreciated except by the small number whose opportunities and duties enable to judge of the difficulties he encountered and the means he projected to meet them.

The untiring interest and industry of Dr. Wyman, traits of character so fully shown that I must hereafter refer to them, presented on every hand their abundant fruits. Whatever was a part of the system he adopted was thoroughly matured and perfected; he established little for which he had not reasons, the soundness of which experience has verified; and it has rarely happened that any considerable variation has been made from regulations he introduced, that abundant causes for regret have not been afterwards found. Commencing with architectural arrangements which he had no hand in designing, much of his attention was necessarily called to devising changes and making improvements which under more favorable circumstances of beginning, would have been uncalled for. We still in our every day experience have reasons to lament early errors and lack of information at the outset; although his ingenuity remedied many defects, others are beyond amendment. But wherever he placed his hand in perfecting old or designing new arrangements, the most abundant evidence is presented how entirely correct were his principles of classification, inspection, interior comfort and safety. It may be, at times, that his inventive spirit was called into action beyond its most expedient limit. Difficulties were anticipated and obviated which experience proved too slight to demand precaution, and even his views of thorough classification and separation of different forms of disease and individual temperaments might have passed into a degree of complexity, difficult to be kept in constant operation. The end and aim of every arrangement mechanical or moral, although not always obvious to the unpractised eye speaks at once, to those skilled and experienced in the care and treatment of the insane, the mind thoroughly imbued with sound principles.

As a director of a hospital for the insane, Dr. Wyman was most happily adapted to the exigency then present, that is, the laying broad, deep and firmly a class of public charities before unknown in New England, and indeed scarcely to be considered as established in the United States. Possessing a mind of native intuitive sagacity in detecting character, he had thoroughly improved it by observation of men no less than by investigation in mental philosophy and medical science. These essential qualifications, matured by adequate preliminary experience in the ordinary duties and exigences of his profession, having approached middle life when called to the direction here, were united with an untiring energy and devotion to the one great object of his life which scarcely will meet its parallel. Year after year passed away without ever finding him absent from the field of his charge even for a single night. Indeed, for some seventeen years, until his health failed under these labors and anxieties, he was scarcely absent from the hearing and sight of the insane. The last sounds of the closing and the first of the dawning day, brought to his ear the presence of his helpless charge and reminded him of duties which never grew wearisome to his spirit. This unexhausted application of course implied, for existence otherwise could hardly have been sustained, an undying devotion to the welfare of the insane ; and he never, so far as can be judged, pursued this great end with diminished intensity of interest, amidst the discouragements which all places of trust, and perhaps none more than those connected with the care of those void of reason, occasionally involve.

But it was not for mental qualifications alone that Dr. Wyman deserves to be remembered in his connexion with the subject of insanity in the United States. There was a moral beauty in his character, a sterling uncompromising integrity in him as a director of a public institution, which may well serve as a model to all who may be called upon to discharge such sacred functions. Of him as a man in private life or in his social relations, I have no right to speak ; that is a duty better appertaining to those who had more intimate and confidential relations with him than it was my privi-

lege to have had, but the records he left as the head of this institution, and the knowledge I have continually received from those who came in contact with him, patients and their friends, authorize the declaration that in his relation to insanity he was emphatically a just man; honest not only in the great open duties of his station, but in those more minute and scientific details where any deviation or looseness as regards exactitude, any partial coloring or omission, could only be known to himself or incidentally to those who might come after him in his duties.

There was in his character not only this strict integrity but a hatred of ostentation, an avoidance of anything which could be construed into self-laudation, which perhaps was carried to an extreme actually prejudicial to the interests of this institution and thus to the insane generally. He had such a dislike to newspaper notoriety, such distrust of any form of reputation higher with the public at large than with his professional brethren, the sole adequate judges of character in a medical man, that perhaps the light of his good works was too much hidden under a bushel, to serve its proper end as an example. The effect of this unwillingness to publish widely what his institution had accomplished in its new and untried field, may have limited its extent of usefulness and even have procrastinated the day, now arrived, of a more general provision for the insane. Had he allowed the report of the facts to have circulated far and wide or encouraged the dissemination of what were then new and unheard of results, that insanity was a highly curable disease, many might have been led to have sought aid here who were permitted to suffer long and hopelessly, ignorant of the existence or the success of such an institution. A sensitiveness on this head perhaps morbid, if a failing, was one which "leaned to virtue's side."

During the last year he has gone to his reward. I have no fear in hazarding the opinion that his professional character as a guardian of the insane, will continue established and unshaken by the lapse of time, as a reputation founded on a solid and indestructible basis. He never courted the breath of popular

applause ; his name will not drop, when its evanescent currents shall have passed by !

The disadvantages under which a new institution for the cure of the insane labored were many and discouraging. In a report of the first triennial period of its operations the Physician observed :

“The opening of a public institution for the management and cure of lunatics was the commencement of an experiment untried in New England. Although some medical gentlemen had acquired reputation in curing insanity, yet in this part of our country the disease had been generally believed to be incurable. Lunatics have therefore been most commonly doomed to long and severe confinement to secure them and their friends from personal violence. Many, who have adopted a more correct opinion, have been deterred from sending from home their lunatic friends by a belief that harsh and severe treatment, exciting fear and terror, would be thought most beneficial. It is too true that such treatment in time not long past has been approved and often advised by medical men. An entire revolution of opinion respecting the treatment of lunatics has been produced. This change of opinion is pervading the public mind, but its progress is slow.”

The results presented in the first period of a little more than three years, viz. from October 1st, 1818, to December 31st, 1821, were these :

	Males.	Females.	Total.
Dismissed....Unfit, ...	1	2	3
Eloped, ...	5	1	6
Died, ...	5	4	9
By request, ...	18	11	29
Improved, ...	17	6	23
Much improved, ...	12	7	19
Cured, ...	22	10	32
Total,	80	41	121
Remaining, ...	16	12	28

On contrasting these thirty recoveries of one hundred and twenty-one patients dismissed, with the results of the present year, eighty recoveries of one hundred and thirty-eight discharged, the unreflecting observer of statistical facts would draw an inference as to the merits and success of present and former treatment, utterly devoid of foundation. Another paragraph of the same document presents a key to this wide difference :

“ The whole number removed is 121, of these there remained in the Asylum,

From 2 to 28 days,	. .	13
“ 1 to 3 months,	. .	61
“ 4 to 6 “	. .	20
“ 7 to 10 “	. .	19
“ 11 to 13 “	. .	8”

A more striking instance of the futility of any conclusions from mere arithmetical data, without reference to modifying circumstances, could hardly be adduced. It teaches volumes of caution as to judging of the character of modes of treatment at different times. In future years, when a still longer residence than the three months the rules now require, and a class of applicants freed from the epileptic and demented shall again have changed the whole elements of comparison, the same reference to influencing circumstances may be due from our successors that candor claims from us towards those who have preceded us. Common justice to the memory of the departed compels me to affirm in opposition to an impression which exists in our community, that in just, enlightened, kind management, and in judicious medical and moral treatment, considerable observation of institutions at home and abroad satisfies me that no essential or considerable improvements have been made on the system first adopted at this institution. It was the system of Pinel and of Tuke, and will be perpetual as long as the principles of Christianity operate on the heart of man. There are annually made minor advantageous changes in details and minutiae, but as far as I can judge, the early years of this Asylum will compare favorably with any institution present or past.

From the commencement of the institution to May, 1835, when the first Superintendent resigned, the number of patients admitted was 1152.

Dr. Lee, the second head of the institution, was removed from the most brilliant prospects of success and the affectionate esteem of all who knew him, by premature death in October, 1836, about 150 patients having been received during his direction.

From that period to the present the number received has been 841, making a total number 2142.

Since the Asylum was established, analogous institutions have been provided in New England, at Hartford in Connecticut, at Worcester and South Boston in this Commonwealth, at Brattleborough in Vermont, at Augusta in Maine, and at Concord in New Hampshire, offering with this accommodations for more than eight hundred insane patients ; and an adequate sum has been liberally bestowed for an Asylum in Rhode Island.

It cannot be an ungratifying reflection to those who assisted in laying the secure foundations of this institution, that their personal efforts with the wise early management here, should have had so powerful an influence in providing for the insane, within the short space of about twenty years, perhaps to nearly as great an extent as a just and proportionate reference to the various great objects of humanity demands. Had this Asylum fallen at its outset into reckless, incompetent or unconscientious hands, how widely different might now have been the condition and prospects of the insane in New England !

LUTHER V. BELL,

Physician and Superintendent.

*Mc Lean Asylum for the Insane,
Somerville, Jan. 1, 1843.*

REPORT

OF THE

STEWARD OF THE Mc LEAN ASYLUM FOR THE INSANE,
FOR THE YEAR 1842.

The following are the balances of the several accounts :

Stores, ...	\$10,857 02
Fuel, ...	1,839 98
Stationary, ...	17 45
Wages, ...	4,838 49
Medicine, ...	223 33
Contingencies, ...	647 16
Furniture, ...	1,895 17
Repairs, ...	846 11
Improvements, ...	2,551 01
Diversions, ...	653 40
Abatement, ...	343 48
Library, ...	37 32
Stable, ...	1,038 84
Garden, ...	136 44
	\$25,925 20
Deduct Abatement, ...	343 48
Stable, ...	1,038 84
Farm, ...	1,272 53
Boxes, ...	27 86
Clothing, ...	187 46
	2,870 17
	\$23,055 03
Add salaries, ...	3,700 00
	\$26,755 03

COLUMBUS TYLER, *Steward.*

Mc Lean Asylum,
Somerville, Jan. 1, 1843.

APPENDIX.

DIRECTIONS FOR THE ADMISSION OF PATIENTS.

Applications for admission to the Mc Lean Asylum for the Insane, may be addressed to any of the Trustees of the Massachusetts General Hospital, or to Dr. BELL, Physician and Superintendent, at Somerville, Mass.

The weekly rate for board is fixed by a Visiting Committee of the Trustees, in view of the pecuniary circumstances of each case; the minimum price for residents of this Commonwealth being \$3,00 per week, and for those belonging out of the State, \$4,50 per week.

It is desired that no case (unless certainly of the most recent duration,) should be sent to the institution, unless it is determined and arrangements made, to afford a fair trial. No time short of six months can justly be considered a fair trial, and to place a patient afflicted for many months here with the determination to remove him at the expiration of a single quarter, is an injustice to the Asylum, and to the general cause of the insane.

It is presumed that the friends and guardians of every patient placed here, are satisfied that they can rely upon the skill, kindness and integrity with which he will be treated, and that they can do no better with their charge. Having arrived at this conclusion, as they should do before committing their friend to its cares, it will be recollected as part of the covenant, that the discretion of the Superintendent is to decide in every case upon the patient being seen by friends, or acquaintances or strangers, or visits being absolutely interdicted.

The friends of the insane should be honest in their dealings with them in relation to their admission here. Let the patient

understand where he is to be placed, and the reason—that his seeing them will depend upon circumstances—let no deception be employed nor the responsibility of deciding whether he had better stay or whether he can be relieved, &c., be thrown upon the institution, as is frequently attempted.

The importance of immediate subjection to curative treatment is so great, that recent cases may be brought to the Asylum without previous application except to the Committee for the approval of the bond. Cases of long standing, or those where custody only is regarded, should have application made for them prior to its being decided to have them leave home ; for it must hereafter be impossible to receive all such applications on the instant. The blank form of bond will be furnished on application ; or on occasion of emergency, the form annexed may be copied and executed. It is expected that the evidence as to the responsibility of the signers will be forwarded with the patient.

Relatives or Guardians, with the assistance of a Physician who is acquainted with the case, are requested to annex precise answers to as many of the following questions as are applicable.

Q U E R I E S .

1. What is the patient's age ?
Married or single ? Number of children, if any ?
2. Employment, and reputed pecuniary circumstances ?
3. What were the first evidences of mental derangement, and when first noticed ?
4. What changes have occurred in the mental or bodily condition since the attack ?
5. Does the disease appear increasing, declining, or stationary ?
6. Is deranged mind evinced indifferently on various subjects, or chiefly on a few or single one ? Mention particularly any permanent hallucination or mental deception ?
7. Are there any periodical exacerbations or improvements ?
Any entirely rational intervals ?
8. Has suicide or other self-injury been attempted ? In what manner ? Is the propensity now active ?

9. Has any disposition to injure others been evinced? If so, was it premeditated or in a sudden passion?
10. Is there a disposition to tear clothes, break glass, &c.? to filthiness of person and habits?
11. Has any restraint or confinement been employed, and if so, what kind?
12. Has there been any former attack? When, and of how long duration?
13. What connexions, including grandparents and cousins, have been insane?
14. Before the accession of insanity, what were any remarkable peculiarities or eccentricities in the patient's disposition, temper, deportment, habits, or pursuits? Mention, especially, predominant passions, religious impressions, any kind of habitual intemperance, as the use of ardent spirits, tobacco, &c.
15. The history of any bodily disease, the suppression of evacuations, eruptions, sores, epilepsy, palsy, injuries, &c., which may have a bearing on this attack?
16. What are considered, amongst friends and neighbors, to have been the causes of the derangement?
17. What curative means have been pursued, and the effect? Mention, especially, whether depletion by blood-letting, leeches, cathartics, low diet, &c., has been employed, and to what extent?

CERTIFICATE AND APPLICATION.

I hereby certify that _____ of _____ is insane.
Physician.

I request that the above-named insane person may be admitted as a patient into the Mc Lean Asylum for the Insane.

, 18 .

This should be signed by the guardian or nearest relative or friend of the applicant, stating the relationship after the signature.

OBLIGATION.

In consideration of being admitted a patient into the Mc Lean Asylum for the Insane, at my request, I, of promise the Massachusetts General Hospital to pay the Treasurer thereof, at said Asylum, quarterly, on the first days of January, April, July and October, with interest after said days respectively, the rate of board determined by the Trustees of said Hospital and stated in the order of admission hereunto affixed, to provide or pay for all requisite clothing or other things necessary or proper for the health and comfort of said patient, to remove said patient when discharged, to reimburse funeral expenses in case of death, and if removed uncured, against the advice and consent of the Superintendent before the expiration of three calendar months, to pay board for thirteen weeks.

I also agree to pay for all damages, not exceeding One Hundred Dollars, which may be done by said patient to the property of said Hospital, and the board and wages of a special attendant in case the Superintendent should deem one necessary, and reasonable expenses in case of elopement.

WITNESS my hand this day of 18 .

I of for the consideration above stated, guarantee the performance of the above obligation.

ORDER OF ADMISSION.

To the Superintendent of the Mc Lean Asylum for the Insane.

Receive the above-named patient, if brought within two weeks from date, at dollars, cents per week.

Visiting Committee.

The obligation is to be signed by responsible persons as principal and surety ;—if from a distance, and unknown, a certificate from the Selectmen, or other satisfactory evidence of sufficient ability, must accompany the bond.

OFFICERS OF THE INSTITUTION. 1843.

EDWARD TUCKERMAN, *President.*

JONATHAN PHILLIPS, *Vice-President.*

HENRY ANDREWS, *Treasurer.*

MARCUS MORTON, JR., *Secretary.*

TRUSTEES.

CHARLES AMORY,

WILLIAM T. ANDREWS,

NATHANIEL I. BOWDITCH,

JONATHAN CHAPMAN,

GEORGE M. DEXTER,

HENRY EDWARDS,

ROBERT HOOPER, JR.,

THOMAS LAMB,

FRANCIS C. LOWELL,

JOHN A. LOWELL,

WILLIAM F. OTIS,

HENRY B. ROGERS.

Consulting Physicians.

JAMES JACKSON, M. D. JOHN RANDALL, M. D. GEORGE C.

SHATTUCK, M. D. JOHN HOMANS, M. D.

Consulting Surgeons.

JOHN JEFFRIES, M. D. ABEL L. PEIRSON, M. D. EDWARD

REYNOLDS, M. D. OLIVER W. HOLMES, M. D.

Officers of the Hospital.

JOHN M. GOODWIN, *Superintendent.*

JACOB BIGELOW, M. D.

ENOCH HALE, M. D.

JOHN B. S. JACKSON, M. D.

JOHN C. WARREN, M. D.

GEORGE HAYWARD, M. D.

SOLOMON D. TOWNSEND, M. D.

} *Visiting Physicians.*

} *Visiting Surgeons.*

HENRY I. BOWDITCH, M. D. *Assistant Physician.*

WM. HENRY THAYER, *House Physician.*

EDWARD B. PEIRSON, *House Surgeon.*

CHARLES K. WHIPPLE, *Apothecary.*

Officers of the Mc Lean Asylum.

LUTHER V. BELL, M. D. *Physician and Superintendent.*

JOHN FOX, M. D. *Assistant Physician and Apothecary.*

COLUMBUS TYLER, *Steward.*

MRS. MARY E. TYLER, *Matron.*

HOMER GOODHUE, *Male Supervisor.*

MISS RELIEF R. BARBER, *Female Supervisor.*

VISITING COMMITTEES

FOR

1843 - 4.

February, ...	Messrs. AMORY and LOWELL.
March, ...	" F. C. and J. A. LOWELL.
April, ...	" LOWELL and EDWARDS.
May, ...	" EDWARDS and OTIS.
June, ...	" OTIS and ROGERS.
July, ...	" ROGERS and ANDREWS.
August, ...	" ANDREWS and LAMB.
September, ...	" LAMB and BOWDITCH.
October, ...	" BOWDITCH and HOOPER.
November, ...	" HOOPER and CHAPMAN.
December, ...	" CHAPMAN and DEXTER.
January, ...	" DEXTER and AMORY.

ANNUAL REPORT

OF THE

Board of Trustees

OF THE

MASSACHUSETTS

GENERAL HOSPITAL,

FOR THE YEAR

1843.

BOSTON:

PRESS OF JAMES LORING.

1844.

ANNUAL REPORT

OF THE

Board of Trustees

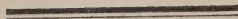
OF THE

MASSACHUSETTS

GENERAL HOSPITAL,

FOR THE YEAR

1843.



BOSTON:

PRESS OF JAMES LORING.

1844.

REPORT

OF THE

BOARD OF TRUSTEES OF THE MASSACHUSETTS GENERAL
HOSPITAL, PRESENTED TO THE CORPORATION AT
THEIR ANNUAL MEETING, JANUARY, 1844.

THE fifth section of the Act of 1810, chapter 94, enacts that the "General Hospital shall be under the direction and management of twelve Trustees, who shall be chosen annually, and shall remain in office until others are chosen and qualified in their stead."

By the 8th and 9th Articles of the By-Laws, a Committee of the Trustees is required to lay before the Corporation at their annual meeting the accounts of the Treasurer made up to the last day of December in each year, together with a written report thereon, and upon the general state of the institution, "comprising a statement of the number of patients admitted and discharged during the year at each department, and an account of the receipts and expenditures in each department,"—and the subscribers having been appointed, "a Committee of the Board," in compliance with the provisions of the 9th Article, have attended to the duty enjoined upon them by the above requirements, and beg leave accordingly to report.

That they lay before the Corporation ; I. A schedule of the funds of the Massachusetts General Hospital, Dec. 30, 1843, furnished by the Treasurer, by which it appears that the sum of one hundred and eighteen thousand six hundred and eleven dollars and seventy-five cents is invested in real estate and personal property, including the cash balance of nine thousand seven hundred and seventy-five dollars and fifty-nine cents ; and as this

latter sum will, no doubt, be forthwith applied to cancel the only debt of the Corporation, and thereby stop interest, the whole may be considered as productive.

In this schedule, which it is important to examine, the Corporation will recognize several items, to which their attention must have been directed heretofore, and from which no proceeds have been expected to be realized for several years. They are now carried out in blank, and diminish the comparative footing of this year's schedule in a nominal amount, as follows, viz.:—

21 shares Eliot Manufacturing Company, (cost,)	\$14,266 67
6 do. Worcester turnpike, - - -	200 00
The Treasurer has also reduced the valuation of	
5 shares in the Boston Manufacturing Co., -	375 00
13 shares in the Malden Bridge, - - -	3,250 00
He has increased the valuation upon	Total, \$18,091 67
the 12 shares in the Merrimack	
Manufacturing Company, - - -	\$2,160 00
And upon the Real Estate, - - -	2,000 00
	<u>4,160 00</u>
Difference against this year, - - -	\$13,931 67
Against this sum, the Corporation will	
find also, the cash balance for this	
year to exceed that of the last by	\$5,486 70
And a diminution of their note of	
Jan. 15th, 1838, from \$20,000 to \$10,000	00
From another source, to which the	
Committee will ask your attention	
before the close of their report, an	
addition has been made to the cor-	
porate property of - - -	\$10,000 00
From this sum - - -	\$25,486 70
deduct Treasury Notes cashed, -	3,000 00
	<u>\$22,486 70</u>
And the amount - - -	
is balanced by the gain of - - -	8,555 03
	<u>\$22,486 70</u>

We have carefully examined all the certificates of stock in the schedule, the lease of the Real Estate, the Indentures of deposits in trust, and the Bank-book of the Treasurer, and find them to correspond accurately with his schedule and accounts. Some of the items might bear a higher valuation, in our estimate, than he has given them.

II. The Committee also lay before the Corporation the Treasurer's account current for the year 1843, made up to Saturday, December 30th, which, as will appear by the annexed certificate, has been carefully examined and found to be correctly cast and properly vouched.

The first inference from this account, to which the Committee would draw your attention, is—that while the sum of ten thousand dollars has been paid into the Treasurer's hands by the Steward of the Asylum, that department has drawn from the Treasurer, for its specific objects, no more than the amount of three thousand seven hundred and thirty-two dollars and fifty cents.

Second ; the income derived from the property of the Corporation for the last year, has been as follows, viz. :—

Real Estate, 12 months rent, (taxes and repairs					
paid by tenant,)	-	-	-	-	-
					\$1,000 00
Income from funds,	-	-	-	-	-
					8,167 00
					\$9,167 00
Less interest paid,	-	-	-	\$1,200	00
Difference in insurance, seven years					
premium,	-	-	-	12 72	1,212 72
Net,	-	-	-	-	-
					\$7,954 28
The Mass. Hospital Life Insurance					
Company paid the Hospital,	-	-	-		5,000 00
And the donations amounted to	-	-	-		10,762 37
					\$23,716 65

Amount brought over,	-	-	\$23,716 65
Deduct balance of expenses over net receipts			
	8,782 95		
from the Asylum,	-	6,267 50	\$2,515 45
Total funds at the disposal of the Trustees,	-		\$21,201 20
Which has been disposed of as follows, viz. :—			
Specially invested in Massachusetts			
Hospital Life Insurance Company,			
as directed by the donor,	-	-	\$10,000 00
Part of the Note of \$20,000 paid,		10,000 00	
Paid for extra repairs, ventilation, &c.		1,000 00	
Cash on hand more than last year's,		5,486 70	
Add amount of Treasury Notes cash'd,			3,000 00
“ sum received for free beds,	-		2,200 00
“ reimbursement of tax by tenant,			85 50
		\$26,486 70	\$26,486 70

The interest on the balance of the Corporation note \$10,000, dated Jan. 5, 1838, and originally \$20,000, will be charged in next year's account; and the \$1200 charged in this year's account, Jan. 16th, 1843, was for the previous year. Your Committee are in hopes that, before this report is read, the balance of that note will be paid.

The Corporation will perceive that the sum of one thousand dollars has been charged, Oct. 4, 1843, for repairing furnaces and ventilating building, per order of Committee of Trustees. The defective ventilation of the west wing of the Hospital had become a matter of such serious complaint, that the Trustees felt bound to apply a remedy as soon as consultation with the most experienced members of the medical faculty, and the opinion of architects, who had paid attention to that subject should warrant the probability of success. A special Committee was therefore appointed on the 19th day of April, as will appear by reference to the records of that date, who, after a thorough investigation of the subject, proceeded to carry into effect the salutary and suc-

cessful alterations, which are now complete, and have been, we believe, approved by every one, who has had any connexion with that part of the building. The sum of \$1000 now charged, is however only in part, the residue amounting perhaps to as much more, will be charged in next year's accounts.

With regard to the "general state of the institution," (the next subject, upon which it is the duty of your Committee to report,) we have to remark that, 1. The laws of the Commonwealth; 2. The By-Laws of the Corporation; 3. The Rules and Regulations for the Hospital; and 4. The Rules and Regulations for the Mc Lean Asylum—constitute a code, in which the duties of every person, connected with the administration of any and every department of the institution, are plainly stated. A pamphlet comprising the whole body of those laws, articles, rules and regulations, has for a long time, been published, and the practice of the officers of the institution, in accordance therewith, has gradually produced a uniformity of conduct and a system of operations highly satisfactory to the Trustees. An exact regularity seems to have now become almost habitual. Examinations are easily conducted, questions are promptly answered, records instantly produced, accounts punctually rendered, explanations immediately given, cleanliness, order, kindness and tranquillity seem to prevail. The Trustees feel a confidence in pushing their inquiries, whenever a variation from usual appearances attracts their attention, and they are met with a readiness to respond to investigation, which could not be counterfeited, and which could not exist with any selfish causes for concealment, or with any interest to pervert the truth.

The Trustees believe that they have exercised the usual degree of vigilance this year over both branches of the institution. All the weekly visits have been made by the Committees of the month and the quarter-yearly meetings have been generally attended.

Their investigations have not been limited to the walls of the buildings under their care. In the few cases, in which complaints have been made, wherever the slightest possibility of

foundation has been manifested, the subject has been thoroughly sifted by an appeal to the friends and relatives of the patient, and a resort to all the testimony which could be produced. The interest of the Trustees is the interest of the public in general, and of the patients in particular ; and they cannot believe it is possible that any patient, either in the Asylum or Hospital, could be maltreated or neglected without the speedy detection of the Board. Their visits have been made at unusual and unexpected hours, the household arrangements have been searched into, the stores and food inspected in the larder and upon the tables, and the comfort of each individual, capable of understanding, has been made the subject of personal inquiry ; and the Trustees believe that the confidence, which they feel in their officers, so far from inducing them to trust too much, rather encourages them to follow up as minutely as possible the particulars of every case.

The Committee are not aware that they have any intelligence to communicate respecting the general state of the institution, other than the remarks they have already submitted, and the facts represented in the reports from the Asylum and Hospital, which accompany them and are herewith presented.

The Trustees have thought that they owed to posterity as well as to the memory of the generous patrons of this noble charity, a perpetuation of the names of its many benefactors. The munificent liberality of our GLORIOUS COMMONWEALTH, and the princely donations of eminent individuals, are not the only testimonies of a truly Christian and philanthropic spirit in the community. The wealth, which is now healing the wounds and consoling the spirits of so many of our sorrow-stricken fellow creatures, has been poured into our treasury by a most general contribution. There is scarcely to be found a profession or trade, in the whole range of the various pursuits of mankind, that does not exhibit its representative upon the catalogue of our benefactors. The Trustees could scarcely hope to obtain a correct list of their names, at this late day, (although a book for the purpose of containing them had been long ago commenced by one of the earliest friends of the institution, now deceased,) for

the payments into the treasury were often made by others than the actual subscribers ; so that the prospect of presenting a perfect account was most discouraging, and as the task was pursued, the difficulties seemed to increase at every stage. One of the gentlemen of the Board, however, having expressed a willingness to carry out this investigation to as certain a result as could be attained, the whole subject was committed to him, by a vote of the Trustees on the second day of April, and in our records of the fifth day of November, you will find his report in a letter, from which we beg leave to present to the Corporation the following extracts.

Extract from a letter from H. B. Rogers, Esq., being his report as a Committee appointed to complete the list of subscriptions, donations and legacies, commenced by Col. Joseph May.

“To the subscription list, I have added a general summary, and also a complete record to this date of all ‘legacies, devises and donations,’ and of the annual subscriptions for the support of free beds.

“From the record as now made up, it appears that 1191 persons subscribed to the Hospital and Asylum, - \$131,269 21

“That there was received from public exhibitions, concerts, and incorporated bodies, among which are comprised 24 religious societies, 12 towns and 5 benevolent associations, - - 15,723 36

Total, \$146,992 57

“Of which amount, \$45,373 34, was specially subscribed for the Asylum.

“That there have been bequeathed, devised & given, 388,098 68

“That there has been received from annual donations for free beds, - - - - - 46,657 00

“Thus raising the gross amount received in various ways from the *public*, from the commencement to this date, and without including the right of the Corporation to the profits of the Massachusetts Hospital Life Insurance Company, to the magnificent sum of - - - - - \$581,748 25”

These gratifying results exhibit a scale of generosity, of which it would be unreasonable to expect an extension; but although the enthusiasm, which first called the institution into being, has no longer the charm of novelty, the Trustees have nevertheless received a memorable demonstration, that its progress and prosperity is as dear as ever to the hearts of our charitable fellow-citizens. At the meeting of December 3d, the Trustees received a letter from William Appleton, Esq., enclosing the sum of TEN THOUSAND DOLLARS, to be appropriated for the purpose of affording aid to such patients in the Mc Lean Asylum, as from straitened means, might be compelled to leave the institution without a perfect cure.

A more welcome donation, or one more essential to the perfection of a plan for complete relief, could not have been devised.

The Committee refer the Corporation to the records of that day for the communication at large, and for the votes of the Trustees upon this highly important addition to the means of usefulness thus placed in our possession; and the Treasurer's accounts have already shown that the direction, intimated by the generous donor, has been pursued in its investment. It now constitutes "The Appleton fund for the relief of the Insane."

Neither have our good friends the contributors to the free beds forgotten the poor. The Humane Society, and the well known names which appear upon the Treasurer's accounts, have not relinquished this certain but unostentatious mode of alleviating the sufferings of the unfortunate and unknown, and of bestowing charity, where the sense of obligation cannot be imposed nor the voice of gratitude be heard in reply.

By comparing the report of the Superintendent of the Hospital with that of last year, it appears that 365 have been admitted, being 18 more than in last year; and that 364 have been discharged, or have died, being 20 more than in last year.

The number of deaths has exceeded that of 1842, by 16; being a proportion of about *one ninth*. And the number discharged, *well*, exceeds that of 1842, by 15.

A comparative statement of the Annual Expenses.

	1842.				1843.		
Stores, - - -	3,957	19	-	-	3,857	80	
Wages, - - -	3,450	53	-	-	3,389	54	
Fuel, - - -	1,018	99	-	-	923	39	
Furniture, - - -	1,069	04	-	-	693	02	
Medicine, - - -	862	91	-	-	848	43	
Repairs, - - -	1,712	88	-	-	741	53	
Stationary, - - -	74	42	-	-	13	95	
Grounds, - - -	21	31	-	-	12	34	
Amount, - - -	\$12,167	27	-	-	\$10,480	00	
Salaries, - - -	850	00	-	-	850	00	
	13,017	27	-	-	11,330	00	
Deduct Contingent Cr.,	61	68	-	-	62	24	
	\$12,955	59	-	-	\$11,267	76	

The above statement for 1843, does not however include \$1000 expended for ventilation; while \$1000 of last year's (1842) repairs, were considered as *extra*. By which it appears that the expenses have been reduced in 1843, about \$687 00.

The receipts from paying patients in 1843, was \$3,171 09

" same in 1842, was - - - - 2,650 10

In favor of 1843, - - - - - \$520 99

Taking the average number of patients at $47\frac{1}{2}$, the result is a cost of about \$4 56 for each patient per week.

The Trustees have invited the Physicians and Surgeons, as will be seen by the records of their meeting, December 31st, to suggest any changes in the management or arrangements of the Hospital, which, in their view, would increase its usefulness; and also to express their opinion of the necessity of enlarging the buildings; and the extensive alterations, which have been made for the purpose of a more complete ventilation, were hastened by the representations of the medical gentlemen.

The Committee will also notify to the Corporation, that a project for extending Charles Street, northerly, over the Flats-land of the Hospital, was presented to the Trustees at their meeting on the eighteenth day of October.

The Board of Trustees would consider the execution of any such project as a great injury to the institution ; either obliging it to incur a vast expense in filling up its land, or exposing it to an unwholesome nuisance. The free and uninterrupted access to the tide water throughout the extent of its whole western boundary, is an advantage, which, (in the opinion of the Trustees,) the Hospital ought not to relinquish.

The report of the Steward of the Mc Lean Asylum, presents a state of facts highly creditable to the management of his department of the institution. A saving of nearly forty-five hundred dollars has been made, in comparison with last year's expenses, and a list of all the stores for the year with the prices paid for them, will demonstrate that the patients must have been provided with as good food, and of as great a variety, as ought to be expected in any public institution.

A liberal sum has been expended for the additional safety of the buildings, and for the ornamental appearance of the rooms.

The Committee lay before the Corporation also, the 26th Annual Report of the Physician and Superintendent of the Mc Lean Asylum.

The Committee will make no other remark upon that report, than to invite to its careful perusal every friend of the institution, with the assurance that no one, who has ever contributed wealth or labor to establish this Asylum, can regret his contribution, when he reads there the nature of the relief which it affords, and the manner in which it is applied.

In the Steward's department, a comparative statement of the balances for 1842 and 1843, will show at a glance where a saving has been made.

<i>Balances 1842.</i>			1843.		
Stores, - -	10,857 02	- - -	9,267 10		
Fuel, - -	1,839 98	- - -	1,043 13		
Stationary, -	17 45	- - -	21 40		
Wages, - -	4,838 49	- - -	4,585 11		
Medicine, -	223 33	- - -	174 51		
Contingencies,	647 16	- - -	711 05		
Furniture, -	1,895 17	- - -	995 52		
Repairs, -	846 11	- - -	1,304 32		
Improvements,	2,551 01	- - -	1,085 00		
Diversions, -	653 40	- - -	617 48		
Abatement, -	343 48	- - -	506 63		
Library, -	37 32	- - -	36 51		
Stable, -	1,038 84				
Garden, -	136 44				
	\$25,925 20	- - -	\$20,347 76		
Deduct,		Deduct,			
Abatement, 343 48		Farm Gar-			
Stable, 1,038 84		den,&c., 1,283 58			
Farm, 1,272 53		Abatement, 506 63			
Boxes, 27 86				1,790 21	
Clothing, 187 46	2,870 17				
Remains,	23,055 03	- - -	18,557 55		
Add salaries,	3,700 00	- - -	3,700 00		
	\$26,755 03	- - -	22,257 55		
		Gain, 1843, -	4,497 48		
			\$26,755 03		

All of which is respectfully submitted.

JOHN AMORY LOWELL, } *Committee.*
WILLIAM FOSTER OTIS, }

Boston, Jan. 1844.

REPORT

OF THE

SUPERINTENDENT OF THE HOSPITAL IN ALLEN STREET,
BOSTON, FOR THE YEAR 1843.

*Admitted to the Massachusetts General Hospital, from January
1, 1843, to January 1, 1844.*

	Males.	Females.	Total.
Patients paying board, ...	118	49	167
do. do. part of the time, ...	9	6	15
do. entirely free, ...	91	92	183
	218	147	365

Of these, 142 paid \$3 ; 11 paid \$4 ; 1 paid \$5 ; 22 paid \$6 ; 1 paid \$7 ; 2 paid \$9 ; 3 paid \$10.

Discharged during the year.

	Males.	Females.	Total.
Well, ...	81	55	136
Much relieved, ...	43	31	74
Relieved, ...	20	21	41
Not relieved, ...	34	21	55
Not treated, ...	9	3	12
Eloped, ...	0	1	1
Unfit, ...	2	2	4
Dead, ...	28	13	41
	217	147	364

Proportion of deaths to the whole number of results, is 1 in 10, nearly.

Greatest number of patients at any one visit, in private rooms, 8 ; paying, 23 ; free, 33. Total, 56. Least number, 1 in private rooms ; 8 paying ; 25 free. Total, 33.

Average number of patients, 25 males, $22\frac{1}{2}$ females. Total, $47\frac{1}{2}$.

Average number of paying patients, $12\frac{1}{2}$ American, and $4\frac{1}{2}$ Foreign. Total, 17.

Average time of stay of Ward-paying patients, is 4 weeks, and of free patients, 6 weeks.

Proportion of Ward beds occupied by free patients, $\frac{5}{9}$.

Analysis of Patients.

	Pay.	Free.	Part of time paying.
Males.....Mechanics, ...	37	20	2
Laborers, ...	16	28	4
Farmers, ...	11	7	0
Mariners	15	9	2
Traders, ...	14	2	0
Teamsters, ...	3	4	0
Domestics, ...	4	5	1
Clerks, ...	5	1	0
Clergymen, ...	3	1	0
Lawyers, ...	2	0	0
Students, ...	1	2	0
Minors, ...	6	12	0
Soldiers, ...	1	0	0

Of this number, 33 were in private rooms. 118 91 9

Females....Domestics, ...	22	54	0
Spinsters, ...	1	3	0
Housekeepers, ...	0	0	1
Wives, ...	11	6	0
Widows, ...	1	2	0
Nurses, ...	1	3	1
Cooks, ...	1	1	0
Minors, ...	6	5	0
Washerwomen, ...	0	4	0
Seamstresses, ...	6	12	3
Factory Girls, ...	0	2	1

Of these, 3 were in private rooms. 49 92 6

$\frac{5}{16}$ of the free patients were female domestics, and nearly $\frac{3}{16}$ were male laborers, most of whom were Irish.

Annual Expenses for 1843.

Stores, ...	\$3,857 80
Wages, ...	3,389 54
Fuel, ...	923 39
Furniture, ...	693 02
Medicine, ...	848 43
Repairs, ...	741 53
Stationary, ...	13 95
Grounds, ...	12 34
	\$10,480 00
Salaries, ...	850 00
	11,330 00
Deduct Contingent Cr.	62 24
	\$11,267 76

The whole amount of board charged to all the patients during the year, was \$8,208 87 ; of this sum there was charged to the Trustees for the board of free patients, \$5,037 78, and the balance, \$3,170 09 has been received from paying patients.

If, without deducting from the annual expense, the salaries and repairs, as has been the usual practice, the whole gross amount be divided by 52 (the weeks,) and this quotient by $47\frac{1}{2}$ the average number of patients, the result will give \$4 56, for the weekly expense of each patient.

JOHN M. GOODWIN, *Superintendent.*

To the Board of Trustees.

TWENTY-SIXTH

ANNUAL REPORT

OF THE

PHYSICIAN AND SUPERINTENDENT OF THE McLEAN ASYLUM
FOR THE INSANE, TO THE TRUSTEES OF THE
MASSACHUSETTS GENERAL HOSPITAL.

IN compliance with the regulation requiring the Physician and Superintendent of the Asylum to lay before your Board previously to each annual meeting, "a general view of the institution and of its results for the whole year," I would respectfully report that during the year just closed, there have been under its care two hundred and sixty patients, one hundred and thirty-three of whom were males and one hundred and twenty-seven were females.

One hundred and twenty-seven of these, seventy-five males and fifty-two females, were received during the year; the remaining eighty-one males and fifty females, were inmates at the commencement of the year.

During the same period there have been dismissed seventy-nine males and forty-seven females, making a total of one hundred and twenty-six; of these, sixty-three, being forty-three males and twenty females, were believed by us and their friends to have recovered.

Twenty-four males and twenty-one females have been removed by their friends in accordance with their own views of expediency, after various periods of residence from some years to a single day, some much improved and apparently convalescent,

others probably curable but after an insufficient trial, others improved in the form of disease and in general health, others ameliorated in manners and habits with no essential mental change, others stationary and with no prospect of relief, and some from various considerations, such as being merely cases of febrile delirium or the like, deemed as unfit for the designs of an Asylum for the insane.

Eighteen, twelve males and six females, have deceased; nine from epilepsy and palsy, usually the sequel of apoplectic attacks previous to admission; one from carious knee-joint; one, as believed, from schirrous stomach; one from phthisis; three from acute cerebral disease; and three from the exhaustion peculiar to the insane, occasionally reported as marasmus, debility, failure of the powers of life, &c.

There are remaining at this present close of the year, one hundred and thirty-four patients, eighty males and fifty-four females.

The numbers admitted, the average of the house, and the number at the close of the year, are almost exactly the same as during the previous year. The house has uniformly been well filled but never crowded. We never yet have been obliged to refuse any application, and in view of the hospital accommodations for so many hundred provided in New England within the last half dozen years, and the recent extended county-house improvements in this Commonwealth which will relieve the demand for a portion at least of the hospital privileges, we may confidently expect that the emergency of being obliged to discriminate or refuse applications, a source of so much apprehension a few years since, will be spared to the direction of this institution. As a gratifying proof how well the new hospitals in the adjacent States are fulfilling their functions, it may be stated that on an average for five years, before the establishment of those excellent institutions in Maine and New Hampshire, over thirty cases from those two States were annually accommodated here, while since, scarcely one has been received.

In view of the fact that all the other insane institutions, except

that under the municipal direction of the city of Boston, receive paying patients, and at prices below the lowest rates which it is practicable to consider as an equivalent for the curative and comforting means here provided, and also in view of the facilities of reaching and obtaining admission into them, it may perhaps be regarded as a little remarkable that no falling off in our average household should have been experienced.

This same circumstance of increased facilities for treating patients in appropriate institutions has, however, had a gradual but still an essential effect in changing the character of those admitted here, not only as to social position, but as to form of disease. While such abundant aids are offering on every side to accommodate citizens, not far from their own homes and at the most moderate rates of expense, in order to keep the establishment fully filled, we have been compelled progressively to adapt its accommodations to a class of inmates who have been accustomed to the more expensive habits of life. These improvements and the private character of the Asylum, (no judicial process being requisite for admission,) have led it to be the resting place of many, who a few years since would have been restrained at their own homes, notwithstanding the inconveniences and often anxiety and misery to themselves and to their friends, which such an arrangement for an insane person necessarily imposes. Many cases formerly removed to the country are now received here, as a course involving more safety and less expense to friends, while the comforts and privileges of the sufferer need not be abridged. In many cases it is much to be regretted that the priority of these attempts should not be reversed; that the patient should not be first subjected to the treatment which an institution alone can adequately afford, and, if without success, the subsequent arrangement would be less important to the sufferer's welfare.

This change in the class of cases resulting from the increased accommodations for the insane, is also severely felt in our curative results, from the comparative diminution in the ratio of patients the most gratifying to all who have the care and treatment of the insane, those with high and furious mania, which always,

as a general rule, recover promptly and most satisfactorily to the three parties interested, the friends, the patient and the institution. Such cases are usually subjected at an early period to treatment, where hospitals are at all known, from the difficulty of managing them without the most onerous restraint at home, and were often brought to us from very considerable distances. These forms of disease are of course now divided amongst some five or six institutions, as proximity or other circumstances may dictate.

The annual ratio of recoveries cannot but be, eventually, seriously influenced by this change in the character of patients. If, thus far, we have felt it but little, the reason is, that the loss has been compensated for in the greater opportunity now afforded for doing complete justice to lingering cases, in their being seldom prematurely removed,—which formerly was one of our sorest trials. The means *providentially* afforded to us for some years past to meet this exigency, and now permanently secured by the understandingly adapted benefaction of a late member of your Board have done and will do an incalculable amount of good.

Although this actively excited and uniformly recoverable class of cases are replaced by less interesting subjects, as far as restoration is concerned, still it is certain that the true ends and original design of the Asylum are no less subserved in the latter than in the former instances. To keep in safety and in as much comfort as can be provided, the hopelessly diseased, to ease the passage of the insane epileptic and paralytic in their slow, long drawn out, yet sure, progressive journey to the tomb, is certainly not less within the original scope of our benevolent founders' intentions, than to restore the curable.

There is still another class of subjects suffering under a peculiar form of aberration, affording less satisfaction as a general principle, than the wildest maniacal sufferers or even those cases uniformly ending in paralysis and death, which each year we are increasingly obliged to accommodate. As it is a form of disease perhaps most frequently developed amongst a city population, we probably experience more than most institutions in its care. I

refer to that, a prevailing feature in which, more or less complicated with, or even without some intellectual aberration, is an insane perversity of the moral sense—often presenting the fact of great insanity of conduct with perhaps little or no insanity in conversation. Of the existence of this aberration as a true form of insanity—the sequel perhaps of actual mania, or alternating with that or some other phase of mental disease, and occurring in families with hereditary predisposition to some mental disease—I may have occasion to speak further in another part of this report.

Of the genuineness of the insanity of such of these subjects as have come under our care, there has been no doubt on the part of their friends, of the Trustees, or of the Physician. Still kept in regular habits, under a firm yet mild disciplinary regimen, they present little or no aberration of mind to the superficial observer; they evince ordinary intellectual power, converse well, present few or no peculiarities in manner or deportment, when they elect to be upon their good behavior. They however generally manifest in minor personal habits and peculiarities an obvious analogy to the habits of common well marked insanity—in their private and unwatched hours they give vent to evidences of their laboring under a closer approach to open lunacy than would be suspected by a casual visitor or common street acquaintance. They are usually restless, mischievous and troublesome, throwing a most injurious influence around them, delighting in thwarting the benevolent efforts of others, and never so happy as in rendering others about them miserable. They are fully aware that they differ from the ordinary cases of insanity, which they see around them and which they fully comprehend, and therefore believe that their detention is a wanton and unnecessary restraint upon their personal freedom. They often owe their fate to original moral and mental misproportion, unchecked by proper education, and exaggerated by uncontrolled early self-direction of their own habits and propensities. Hence never having been accustomed to be restrained or curbed in their actions, anything like acquiescence in the necessary regulations of an Asylum is exceedingly irksome.

At other times the disease is manifested in a sudden paroxysm, in which the entire character, disposition and deportment of the individual undergoes a marked change, almost to the loss of his psychical identity. A stranger seeing the sufferer for the first time, would perhaps recognize him only as evincing bad judgment, bad disposition and bad taste, while those who had from long acquaintance an opportunity of *comparing him as he is, with his ordinary habitual characteristics*, would not hesitate to attribute the wondrous change to its true cause—insanity.

No indulgences, no proper extent of liberty, no unremitted attentions to even unreasonable requirements, have the slightest effect in satisfying them. In fact neither prior or subsequent to their admission, has the state of their minds allowed them to find that consideration and success, to which they believe themselves eminently entitled. Their admission here has sometimes been preceded by conduct which were it not for their irresponsible state of mind, would render them obnoxious to the penal laws, or at least to preventive measures of law. At times, their friends worn out by the urgency and importunateness of their demands for release, or giving some credence to promises which although perhaps sincere, are rarely unbroken, conclude to give them a trial of their liberty. Or perhaps the institution perplexed by their pernicious influence upon the discipline of the house, solicits that a trial should be made, trusting that the dread that such subjects must have of any institution or individual who exercises any control over them, may induce them to regulate their conduct so cautiously as to prevent the necessity of a return. A few weeks or a few months, during which they have the uncurbed reins of their own movements, usually sees them returned to our care.

The institution has never retained these or any other forms of disease compulsively, unless it has been felt that there was abundant evidence of their being proper subjects, and thus far, in an experience of over a quarter of a century, never has come in contact with those laws which, with such just caution, guard the liberty of the citizen from unjust encroachment.

The Superintendent speaks of this part of his duties in no spirit of repining, but from the feeling that he cannot comply with that part of the rule requiring him to report the "state of the institution," without an allusion to it.

It is also probable that this is one of the functions of the institution which each year will see progressively augmented, as the rapidly increasing population of our neighboring city cannot but continue to furnish such subjects. Such unfortunate sufferers must for the protection of themselves and friends be kept somewhere. As it is scarcely probable that private madhouses will ever be established in this country, we must expect that ours must be, in part, the duty of fulfilling this guardianship; a duty not to be repudiated or evaded although a half dozen such patients occasion more trouble, more hazard and more insecurity, than twice the number of the wild, chaotic or demented—than galleries of ordinary inmates.

I might also remark in this connexion that the experience of this, and I presume of other institutions, always has been, that all the scandal and abuse to which they are subjected, originates in the patients of this class and the uncured sufferers of other forms of disease, who are temporarily at large. Insanity can hardly be expected to improve the truth or the morals of its victims—it may make men worse but can hardly be supposed to make them better.

It would however be unjust to forget that weighed in the balance with the grateful recognitions of recovered patients which it is our happiness almost weekly to receive by letter and visit, the preposterously malicious and ridiculously absurd detractions to which, in common with their nearest friends, the institution has occasionally to submit from unrestored patients at large, are scarce worth this passing notice.

In the ordinary operations and experience of the institution during the past year there has been little of incident and nothing of unusual event to communicate. Each day has brought its round of cares, anxieties and gratifications, while none has been marked by suicide, serious accidents, elopements or any other

form of painful dispensation. Notwithstanding the mortality has been in a higher ratio than during any previous year of my direction, still we have by no means had as great an amount of sickness as usually has occurred. A glance at the nature of the diseases which have closed life, will show that the greater portion have been those lingering and necessarily fatal maladies, which in their progress scarce present the character of sickness and in which medical treatment may suspend and relieve symptoms, but never cures.

No considerable change has been made in the general mode of care and treatment,—the guiding star of our system has, as far as possible, been kindness and occupation ; how far this system has been carried into active and successful operation, the never omitted weekly inspection of your visiting Committees, charged under the Rule that “ at each stated visit they shall see each boarder in the Asylum, excepting those who would in their opinion be injured thereby ; and they shall examine carefully the state of every part of the establishment and ascertain whether its officers and attendants fulfil their duties faithfully and humanely ;” will enable your Board better to judge, than any opinion of those more directly interested in such decision.

Many changes and improvements in the minor details and internal economy of the household have been gradually introduced within the last two or three years, as the changing character of our inmates has rendered it expedient, and our experience in improving the style of the patients’ conveniences and accommodations has been in some respects so novel and interesting, as perhaps not to be unworthy of mention.

While the institution has been so liberally remunerated by the friends of many patients, occasionally the whole income of a ward or relative being allowed to pass to its benefit, we have felt bound to provide every means of convenience, comfort and even luxury which the safety and welfare of the whole establishment would permit. Over more than a half of the galleries of the Asylum we have introduced carpets, paperhangings, curtains, time-pieces, looking-glasses, toilet tables, wash-stands, and articles

of mahogany furniture and table furnishings customary in genteel families. The results of this experiment justify the assertion that the amount of damage is less than would occur in an ordinary hotel. This safety of moveable furniture does not depend either upon the constant presence and care of the attendants; in the sleeping apartments of these galleries, the common swell-beam French bedsteads with toilette tables and washstands of the most fragile construction, to the extent of accommodating one-half our boarders have replaced the strong and peculiar articles, formerly deemed essential in an insane institution, and in two or three years use, not one has been intentionally destroyed.

From the financial condition of the institution justifying the provision of a body of intelligent and trustworthy assistants, regulated as to number only by the extent to which they can be usefully employed, we have been enabled to dispense with all forms of personal restraint, to as great an extent as the substitution of personal attendance will permit with expediency. I am still well satisfied, as intimated in former reports, that no amount of human aid will always render the entire disuse of personal restraints advisable. There are certain forms of propensity to suicide, to self-mutilation, to protracted standing on the feet rapidly tending to fatal exhaustion in the debilitated, where the proper application of fit apparatus is the kindest, safest, as well as the most, and indeed only, efficacious appliance. The instances of such necessity are, and should be, rare exceptions to a general rule, but though rare, they are believed to be imperative, if the sufferer's best good is alone regarded.

Nothing would be easier than to adopt the system of entire disuse of restraints, so much agitated in Great Britain on both sides, in this institution. Perhaps months might pass away with no apparent drawback upon its success, but whether I should have the satisfaction, as at present, of repeating year after year, that the institution had had no painful accidents to lament, would be very questionable. At all events, with my present impressions of duty, I am not disposed to run the hazard.

It perhaps may be a new idea to those who are not acquainted

with the internal regimen of our New England institutions, that it is not the violent, furious, maniacal cases which are ordinarily subjected to personal restraint. To these under proper architectural provisions, this is rarely ever necessary, and almost always injurious. An appropriate large sized strong room, a long gallery without moveable furniture, with the windows protected by cross screens at the ends, a cautious attendant permitting the excited subject to work off his irritability by sawing wood or some similar laborious exercise, all serve the purpose of calming and restoring such patients, while personal restraints exasperate and protract this stage of disease. It is in the cases referred to, where the sufferer is disposed to torment his own person, to swallow injurious substances, to mutilate himself, to indulge in perverse habits, that there is a call for some restraining measures.

With us, the patient is scarce ever subjected to personal restraint for the safety or protection of any one but himself; never for the convenience or security of those having the care.

Fortunately in this country, there never have been in the institutions any abuses, nor under the thorough system of governmental inspection which all our public establishments have secured to them, is it scarcely possible that there ever can be, any abuses in this regard, requiring that the feelings of the community shall be propitiated by the affectation of "disusing all forms of personal restraints," that is, restraints to the muscular movements of the patient, for the phrase, as used abroad, means nothing further than this. This is especially fortunate, for the abandonment of such means necessarily involves the occasional direct employment of human strength in controlling the insane—a method against which, a little practical acquaintance with the subject speedily demonstrates that man's spirit rebels a thousand times more intensely and unceasingly than in opposition to mere material bonds.

It also implies the substitution of a form of actual personal restraint, that of shutting the patient up in a strong room, or Seclusion, as it has been somewhat technically called, no less galling, totally useless in cases where suicide or self-mutilation

are to be guarded against, and if long persisted in, calculated to induce vicious personal practices.

The inquiry may be made how certain intensely suicidal sufferers are protected in those institutions abroad, which congratulate themselves, a little arrogantly it is to be feared, on having dismissed all bodily restraints?

The only reply which I have found to this natural and important question, is contained in the Annual Report of one of the largest of the English Hospitals, managed for some time past on this system, where the practice of locking another patient into the sleeping apartment of the suicidally disposed, is acknowledged and strongly recommended. My mind regards such a mode of practice with greater abhorrence than even the once used chains or strait-waistcoats. I will say nothing of the fatal accidents, of which this country has not failed to afford instances, resulting from the insane being confined together; I will not urge the unspeakable enormities which are avowed to prevail in some of the foreign establishments under circumstances of much less immediate contiguity; I will but refer to the sudden changes occasionally supervening in the forms of diseased manifestations, making it impossible with whatever knowledge of the patients, safely to rely upon such blind leaders of the blind.

If the worrying, mischievous, homicidal propensities of some suicidal patients, are almost beyond the forbearance of a conscientious, healthy, well balanced attendant, shall they be trusted to the uncertainty of another diseased mind? Shall even the patient in the cheapest pauper Asylum be compelled to bear in addition to his own sorrows, this most harrowing of all responsibilities, that of a fellow being's life? For of course, any one who had mind enough left to be any safeguard, would have mind enough to be capable of suffering from such an anxious duty.

Even with the employment of the best associates, in this responsible and painful office of guarding the suicidally inclined, our experience shows that farther measures are occasionally requisite to make sure the end.

Judicious recovered patients, who have been subjected to per-

sonal restraint with us, with one accord, as far as my information extends, have coincided in approving of its propriety and expediency.

The extent to which it is practicable to reduce all the forms of personal restraint and seclusion, consistently with the true interests of the sufferer, will depend essentially upon the amount of means at the control of an institution, to replace such measures to a certain limit, with proper attendants. The degree to which it has been reduced in our experience, if exactly recorded and reported, would strike most persons with surprise. It could not, however, but be regarded as unfair and illiberal for an Asylum, whose allowances have been so liberal as ours, to set forth its experience on this head, as a standard of comparison.

I will not encumber my Report with any tables affecting to generalize the forms, causes, duration, and other characteristics of the cases of insanity, which have come under the care of the institution during the past year. No reason has presented itself to justify receding from the views presented for several years past, of the unsoundness and consequent uselessness of what are called the *statistics* of insanity. Every year's experience convinces me that those facts regarding this subject, which are capable of being arithmetically noted, are of too little moment to be worth recording at all, while those circumstances touching the duration, form, symptoms and event of cases, which would be truly important, are, from their nature, incapable of being generalized tabularly into even a loose approximation to the truth. Statistics are doubtless valuable in relation to topics where accuracy is capable of being approached, but not a legitimate mode of expressing mere opinions.

I still find it impracticable in a vast proportion of cases, to fix with any certainty the point at which the mind lost its balance, and by which the duration of disease before admission can be determined, notwithstanding the great body of our inmates are from the intelligent and educated classes of society, where facts of this sort are attainable, if at all. I still find insanity rarely produced from a single cause, so marked as to permit being tabu-

larized accurately, but by a combination or accidental coincidence of causes, moral, physical and educational. To arrange such antecedents in tables, would require the whole life, habits and health of the individual to be abstracted from the record of his history. I cannot but still recognize the absurdity of enumerating in figures the phases of disease, mania, monomania, dementia, melancholia, incoherency, and so forth, under whatever names the fancy of nosological writers may have arrayed *symptoms*, when I see a single subject the representative of perhaps three or four of these states in a single month, and a vast many vibrating from one to another year after year. For a single day, the place of each case, (except perhaps that of some few,) in this artificial system could be fixed, but a daily, and not an annual table would be necessary to convey the fact, were it worth perpetuating.

The accumulation of loose, inconsequential estimates and judgments, does not assist in the approximation towards the truth ; on the contrary, opinions being announced in numerals as if they were mathematical certainties, the tendency is rather to divert the inquiring and philosophical mind, in its search after fundamental and essential principles. It confuses the limits and bounds of truth ; it perpetuates that very inaccuracy which it appears to obviate. Medical books and hospital records are filled with the most abundant quantity of minute observations,—we ourselves have volume after volume during the whole twenty-six years of operations—yet they afford few exact principles—no generalizing basis of certainty.

Notwithstanding my strong impression of the tendency of the usual statistical returns of insane institutions to produce error and false deductions, I will not discontinue the memoranda of results during past years with us. Even such facts, from the same institution, deduced from the same principles, by the same mind, may give false conclusions regarded by themselves, irrespective of the constant change occurring annually, in the present transition state of New England, as regards provision for the insane. I give them for what they are worth.*

* Table.

During the past year it affords me pleasure to state that the internal regimen of the Asylum has been of the most satisfactory kind. Scarcely a change has occurred in the whole number of officers and assistants, and all have continued to co-operate in the discharge of their duties with zeal, faithfulness and efficiency.

The vacancy left by the retirement of Dr. Fox, the Assistant Physician, announced in my last Report, was filled by the appointment by your Board, of Chauncey Booth, jr. M. D., whose ample experience in the same capacity in connexion with two most respectable public institutions of this kind, afforded a guaranty of his usefulness and success, which has been fully maintained.

By direction of your Board, an engagement was made early in the year with the Rev. Frederick T. Perkins, to preach at the Asylum, on the evening of each Sunday. He has discharged the duty acceptably to all parties interested, and we trust that his health and duties will permit a continuance of an arrangement which has proved so useful and interesting to our institution.

In concluding the account of our last year's duties and results, I feel that I cannot refrain from acknowledging the high value which the friends of the institution must entertain of the thorough, efficient and faithful supervision which the immediate affairs of the Asylum have received from its Board of Trustees. Every suggestion for adding to, or improving its means of comforting and restoring its patients, has been most promptly and liberally granted. We have felt that in our various outlays for improving the condition of the establishment and carrying out its designs, we have been unrestricted as far as pecuniary means could avail. If the institution has in any respect failed to accomplish the greatest practicable amount of good, the responsibility must rest with its immediate direction.

It is not, however, merely in the most bountiful appropriation of means, that the hands of those entrusted in these arduous, anxious, and responsible duties, have been upheld and strengthened. For no week in twenty-six years, has the thorough inspection, required by the Regulations of the Corporation, been

omitted, a history of punctual performance of a gratuitous service which, in view of the distance of the institution, and the time required to inspect the accommodations, pursuits, and condition of such a body of insane sufferers, to hear their requests and to attend to the current business, which it will be difficult to parallel ;—a service requiring the devotion of an entire afternoon of every week to perform, besides the attention to the admission of patients and frequent consultations at other times throughout the week.

This faithful attention and thorough performance of the duty of inspection, is a guaranty to the community against such abuses, as the history of insane institutions under uninspected control abroad has furnished so many melancholy illustrations. Each inmate knows and feels the right and privilege, both in respect to himself and others in whom a real or fancied interest may be avowed, to communicate freely and privately, orally or in writing, with the Visiting Committee or the whole Board.

It is not merely as a safeguard to the rights of the unfortunate deranged and a security to the community, that this system of weekly thorough inspection is of the highest moment. It is a protection to the head and subordinate officers of the institution ;—they being obliged to retain every inmate without any specific legislation, have a right to feel that a Board of Trustees selected jointly by the highest executive authority of the Commonwealth, and the eminent representation of the moral worth of the community, which may safely be presumed to exist in the voices of the authorized contributors, and unconnected by any interest or selfish motive with the institution, will save their character and feelings from those aspersions and inconveniences, to which such duties must be occasionally liable.

In commencing my eighth year in your service, I look back upon a number of patients somewhat exceeding a thousand, who have been under my care. As this forms a body of sufferers under one disease, and that removed much from common professional treatment and observation, which would seem to be sufficiently extended to justify some general deductions to be drawn, as to the value of some indications and characteristics, I will attempt a cursory and necessarily somewhat desultory view of certain points of my experience. I present it, as perhaps not without some general interest, but more especially as due to my professional brethren.

To those not informed of the plan of the institution as regards admissions, it will be necessary to premise that it receives insane patients of all and every description. They are always committed to the care of the Asylum by the voluntary action of their friends, the only question which the institution asks being, whether they are insane. From this it results that no hospital could receive its inmates with less discrimination, or with more unpromising cases. The epileptic, the demented, the paralytic, in every form of exhaustion, and complicated with every form of bodily malady, are alike welcomed as the curable forms of mania and delusion. Believing that one of the great ends of the institution as determined by its founders, was not only the recovery of the curable and the custodial comfort of the violent and troublesome, but also the relief of friends from the painful and anxious guardianship of the helpless and hopeless insane, we have never declined or avoided receiving any case, when the requisite evidences of insanity have been furnished.

The vicinity of a large city renders it easy to place under our roof many who would not, from their exhausted and nearly moribund condition, be removed to any greater distance. Hence, beside those hopelessly diseased with the chronic forms of cerebral affection, we often have placed with us as a last resource,

and who merely add to our bill of mortality, cases of patients who have long refused food, until gastric inflammation is induced, those with the delirium of fever, and the like forms of malady. It has been understood that all who could be attended to nowhere else, were admissible to the Asylum. It is from this circumstance, as has been repeatedly intimated in the Annual Reports, that so many of the deaths occur within the first few days or weeks of residence.

There being as a general remark, no accommodations for the insane equivalent to the *private madhouses* of European countries, and happily at the present day but little reluctance on the part of friends of those in any social position, to take advantage of the liberal accommodations provided for the insane, we have also, as an offset to the circumstance of such unfavorable admissions as those alluded to, the fact that a great proportion of the cases of acute mania, are received very promptly after seizure, and an opportunity afforded for treatment under the most favorable auspices.

The patients, being received directly from their friends, are liable to be removed whenever they choose to do so. This formerly was a great and painful drawback upon the actual amount of good accomplished, for it rarely happened that a patient prematurely removed, continued to go on favorably to restoration and confirmed health, nor does a patient on being returned readily make up the lost ground—frequently indeed the progress once interrupted, never can be again resumed. Of late years, this interference of friends by prematurely removing their charge, has been scarcely felt in our results, as means of protracting the residence have otherwise been provided, in many interesting cases, where, as is almost always the case, want of funds was the impelling motive for the change.

Under all these contingents, some in favor and some against the full test of means, and doubtless subject to the fact that some patients deemed recovered, and removed by friends may have actually recovered, although only considered as improved by us, and so registered, while others considered as restored,

may not have so proved, the best judgment I can form is, that six out of every ten of all discharged, including those considered unfit, those discharged with incomplete trial, and those dying prior to the event being determined, have recovered. The number of cases where there was evidence of the patient having been wholly well at a date not exceeding six months previous to admission, which have proved intractable, is very small; certainly nine-tenths of such cases have recovered.

The form of disease which has most frequently occasioned or rather preceded death, in this, as in most institutions for the insane, has been an almost universal failure of the powers of life, admitting of no place in the ordinary nosological catalogues, but which is reported as exhaustion, marasmus, debility, or under other appellations designating a failure of the vital energies without perhaps any local symptoms, presented in any of the great systems of the constitution.

The diseases of the insane, even decided and ordinarily painful inflammations, are not commonly, perhaps are rarely, manifested by the symptoms usually present in others. The diseased fancy perverts their position or their relative importance, and in cases arrived at or approaching demency or loss of mind, the altered manner, aspect, and habits, are nearly all the indications which are externally presented of even great disorganizing changes. In the form of exhaustion referred to, many of the sufferers sink much as those in extreme age; as if the lamp of life were exhausted, without the machinery being subverted. In others again, the form that it takes is the loss of all resiliency, all recuperative energy in the combat with affections not ordinarily fatal. A slight influenza, or a little gastric derangement, appears to have lost its self-limited, self-remedying character, and involves the energies of life, notwithstanding the employment of curative means.

The next most usual cause of death with us is from epilepsy. Each year proves that this comprises over a third of our mortality. For the forms of this disease combined with derangement or imbecility of mind, our experience forces the painful

conclusion, that no medical agents have the slightest curative, or protractive, or modifying influence. Its tendency is always downward—slowly, it is true, in many cases, but always surely and uninterruptedly.

The third most usual precedent of death is a form of cerebral affection, well marked in its outward manifestations, but the pathological character of which has not been well investigated, as far as I can judge. It, no doubt, is a form of inflammation of the brain and its membranes, yet still widely removed from common inflammation or phrenitis. The character of the mental aberration is much more analogous to the delirium of typhus or the advanced stages of typhoid fever, than to any ordinary type of mental derangement. The patient is rarely violent or furious; presents in his wildness few of the peculiarities of active mania, some of which are scarce ever absent in high maniacal excitement; has momentary glimpses of recognition of familiar persons, but soon relapses into confused, indefinite, indistinct delusions, almost always of the painful kind; often has great abhorrence of taking food, from the belief that it is poisoned or uncleanly, or that taking it will do great injury to himself or the world, while this loathing is almost always connected with much gastric disturbance, and inflammation of the mucous membranes; the countenance is pale and shrunk; has no intolerance of light or sound; frequent yet feeble pulse, with great sleeplessness. When recovery takes place, the mind very rapidly regains its tone and strength. In fact, the whole symptoms and progress of the disease are more like fever than mania, yet differing too essentially from the former to be classed as such.

Each year has seen several patients under our care succumb under this train of symptoms. It is perhaps this form of death which in some institutions is ranked as death from acute mania. I presume so, from the fact of never having known mania, *per se*, a fatal disease, unless this be so considered.

The remaining causes of death have been very few, but much diversified. Phthisis has been an exceedingly rare affection. I find but two deaths from this cause amongst the more than eighty

deaths which are registered. As it almost never has happened that a removal of a sick and hopeless case has been made, I regard this as rather an extraordinary circumstance. I have known only two instances where this disease has occurred in patients after their removal. In both these, it was latent until the insanity was removed.

In regard to the curability of insanity in its different manifestations, there can be no general rule better established, than that this is directly in the ratio of the duration of the symptoms. Hence cases of violent and furious mania, of deep and suicidal depression, of dangerous and unsafe propensities, are ordinarily the most favorable class of cases received as regards restoration. Patients with such manifestations, will ordinarily be placed under care with but little delay. On the contrary, cases of less grave aspect, or where the mind is gradually and insidiously changing from soundness, or where the delusions are not of a character to involve the safety or comfort of others, will be ordinarily allowed to become chronic and confirmed before admission. In fact, some violent paroxysm or exacerbation, is often the immediate cause of such being sent from home, and this outbreak usually forms, in the estimate of the world, the beginning of their insanity.

This general rule of curability being determined by promptness of application of curative means, does not hold true in regard to that class of cases, growing more numerous each year with us, where the disease is referred back to some sudden organic injury of the brain, manifested by a *fit* of greater or less marked decidedness.

Whether the ordinary moral and physical causes determine in any degree the probability of cure, (independent of the cerebral lesions just referred to,) is perhaps questionable. It is true, we speak of cases where the cause is supposed to be a vicious personal habit, as eminently beyond the reach of means. The true reason probably is, that the progress of disease in such cases is so insidious, its manifestations for a long period so obscure, the disease itself inducing great secretiveness on the part of the suf-

ferers, that they rarely come under the treatment of an institution until they are really old and fixed cases.

The experience of this institution in the number of examples before alluded to, in some of the most common forms of disease, has been as follows : In the insanity connected *with the puerperal state*, the characteristics of disease are so wild and furious, as usually to require an early subjection to Asylum treatment, and it rarely occurs that such cases do not recover. The symptoms are ordinarily of the most violent form ; the conversation is wild, obscene and chaotic ;—the patient is destructive, sleepless, and vociferous. The intensity of diseased action would appear to threaten life from its continuance ; from day to day there seems an imminent hazard of the patient's sinking, yet in our experience no patient ever has done so. This perhaps, may be in part from the fact that such cases are peculiar to that period of life, when the recuperative energies of the constitution are strongest.

This class of patients is ordinarily the most pleasant and satisfactory, as far as results are concerned, of any that ever enter an Asylum. The recovery, often protracted, is always entire ; no distortions, weaknesses, or eccentricities of mind are apt to be its sequel. The sufferers have uniformly appreciated the violence of their disease and the cares which have been bestowed upon them, and evince the most grateful feelings.

Insanity with suicidal propensity. This is a form of disease believed to be eminently common in this country. For reasons before intimated, patients with this propensity are early made inmates of an institution, from the difficulty and hazard attending their care elsewhere ; of course, they are almost all recoverable. If prevented from self-injury, they ordinarily have a slow and gradual recovery. One patient with us, who was always on the look out for means of effecting his design of self-destruction, recovered after a more than year's treatment.

In cases with this sad peculiarity, our dependence for the safety of the sufferer has been unremitted, vigilant watching. Where satisfactory evidence has been evinced that this act is meditated, we do not allow any apprehensions of its stimulating

the patient to renewed attempts on finding himself watched, to prevent this imperative duty from being fulfilled.

Hence in cases of this kind our reliance has been solely on such precaution. On many occasions and subjects, it will do to trust much to the veracity of those even much deranged. Pledges not to abuse privileges, to go out and return punctually, and the like, may be extended to a great degree. Indeed, they are safe to a far wider limit than it is expedient to grant them, on account of certain resulting evils connected with the patients' happiness and restoration, which are apt to more than compensate for such indulgences. But where the pledge would cover so all important and irretrievable a hazard as that of life, we have never trusted to it. The suicide's last act often is accompanied with false representations; his whole intent is not unfrequently accompanied with great sagacity in throwing the inexperienced and unskilled off their guard. I should not with my experience with the suicidal insane, pay the slightest regard to any promises which they might make touching this act. We have found, (a fact long since recognized,) that the manner and countenance of those meditating suicide have a characteristic expression, a recognition of which is of much importance.

Among the patients admitted during the last eight years, this dreadful accident can scarcely be said to have occurred. The only apparent exception to this remark is in an instance which occurred four or five years since, which has been before alluded to, in our Annual Reports; that which would ordinarily have been a mere suicidal attempt proved the cause of death, in an aged and exhausted sufferer.

I have less reluctance in referring to an experience so peculiarly gratifying, in view of the great number of suicidal patients who have been under treatment, as the principal credit of such safety is due to the respective supervisors of the wings, whose constant presence amongst their charge, and unremitted attention to the ever varying manifestations of disease, alone could have enabled me to report so long continued an immunity.

The form of insanity accompanied with *strong suspicions of*

personal injury threatened, of calumny experienced, of secret enemies and analogous hallucinations, and at the same time evincing but little aberration in the ordinary outward manner and conversation, has in the experience of most of our institutions, and I doubt not truly, been considered as a result of a depraved personal habit, as its originating or perpetuating cause. I have never seen any train of similar manifestations in but the one sex.

This type of disease is so peculiar that it, and its presumed cause, are most generally correctly recognized on the application to the Asylum for admission, and before the patient is seen. In fact, there is no other form of derangement in which friends so often consult and advise with the head of an institution, as to the expediency of the sufferer being admitted. They see such a preponderance of rational and natural conduct and conversation over the delusions and fancies of his mind,—he so often recognizes one set of recent delusions as being palpably absurd, wondering how he ever could have believed in them, while new trains are equally about to take possession of his mind—that they have many hesitations and doubts, whether so little disease ought to doom one, capable of feeling and judging so well, to the confinements and associations of an insane hospital. They delay and procrastinate action until some outbreak, some dangerous indications towards some individual, and that perhaps a stranger or one the least concerned or interested, makes it a matter of necessity, not of choice. The patient is then committed with the strong anticipation that so slight a degree of insanity can be readily and quickly removed. Vain hope! Experience shows just enough of recoveries in such cases to prevent absolute despair, and no more. Nay, more, the progress of the mind is universally downward; more than in any other form of disease it is difficult to sustain the sufferer's self-respect, and to make him tolerably comfortable. Ordinary motives fall powerless upon him. If the delusions are few, the disposition is sulky, mischievous and dangerous; if many, they are always irritating and distressing.

The hallucinations of these sufferers almost always run in a peculiar channel; spirits or evil disposed persons whisper through

flues and walls, or at the distance of miles, suggesting every thing which is outrageous and insulting ; gases, and influences more etherial, are scattered around them to render their existence wretched ; nauseous matters are placed in their food, their sleep is wantonly disturbed by gross personal outrages, and the like. They are subject to be driven to fury, and commit acts of violence, if some particular person is fixed upon, as connected with their wrongs. They are also subject to impulsive acts of violence, where no delusion can be presumed to have prompted them, and where, indeed, the patient after the paroxysm has passed is unconscious of any delusion—he has committed the act of violence with no other explanation than that it crossed his mind to do it, and that simultaneously it was done.

It is wonderful how little the intellect is affected in such cases even where the disease has been of long duration. The strictly intellectual processes, as evinced in capacity to judge on common subjects, to learn abstruse branches, to write correctly and in method, to plead eloquently, may be scarcely palpably disturbed.

The physical health too, responds but little to the derangement of the nervous system. The vigor of body is maintained under immense physical excesses.

Motives act scarcely at all upon these sufferers, except fear ; higher appeals are powerless.

In general, the happiest change for this unfortunate class, is when they sink into demency or fatuity. Their own sufferings and those of their friends rarely have any earlier quiet.

Insanity connected with the abuse of stimulants. The proportion of cases of mental derangement presumptively induced by intemperance, has never been so large as that reported from many institutions. And even in many of these, it has been found that the propensity to drink to excess, has been a symptom rather than a cause of disease. A certain degree and kind of nervous excitement appears almost uniformly to occasion a prodigious and irresistible thirst for stimulating drinks, opium and tobacco. The call for tobacco, indeed, appears to be an instinctive want in most forms of insanity.

Cases of periodical abuse of stimulants in individuals of usually correct and abstemious habits have long been recognized in every community. The patient, (for I have no doubt of this forming a true manifestation of disease,) goes often for months or years with entirely abstinent habits. He suddenly, as often explained by him, when recovered, experiences an intense degree of irritation in his system ; if previously a sufferer in this way, he recognizes his danger and attempts to resist ; it is beyond the power of the will ; he indulges, leaves his vocation, and is soon plunged into the depths of intoxication. With this addition to the previous flame of nervous excitement, a whole train of direful results follow ; in many respects not different from the ordinary effects of excessive drink, except being more uncontrollable ; evincing a more intense change of character, and more active perversity in wrong doing ; the victims are less impressible to appeals, to reason, interest or feeling ; in fact, many of their acts are too much out of character for even drunkenness to explain.

The patient is not usually long in recovering after being subjected to the restraints of an institution. It not unfrequently happens that after an experience of such attacks, he himself knows by his own internal sensations, when it will do to hazard a return to the world and to the temptations of stimulants.

A few cases of *delirium tremens* have been annually committed to our charge. They are not, of course, deemed proper objects for an institution like this ; but circumstances appear occasionally to render their admission imperative. They have uniformly recovered spontaneously, without the employment of medicinal agents.

The fact of *hereditary predisposition*, has been marked in a great number of our cases. There is, however, nothing like uniformity in the manifestations of disease, in the same family. They may be looked upon as affording a most favorable prospect as regards recovery, although the danger of a recurrence of attacks at periods of greater or less distance, is more probable than in cases recovered with no such predisposition. The reason of their justifying so favorable a prognostication, is doubtless based

on the circumstance that such diseases may be expected to be functional and not attended with any organic lesion.

That terrible complication of insanity turned *paralysie generale*, by the French, and of which general paralysis can scarce be deemed a synonyme, since the impairment of the nervo-muscular apparatus forms by no means a prominent symptom, as in ordinary paralytic affections, and indeed, for a period in the progress of the malady, scarcely an appreciable manifestation, is one which presents a large proportion of cases in the insane hospitals of Europe.

I have regarded it as a somewhat curious fact, that it is only within the last three years that this disease has been admitted to this institution. As late as my visit to Europe in 1840, it was unknown within our walls. Nor after seeing it so often manifested there, can I recall any case in our register which would at all meet its characteristics, rendering it certain that it was not overlooked.

Since that period, however, we have had abundant evidence that it is not a form of disease peculiar to other countries. I find that not less than twelve or fifteen well marked cases have been received, coinciding exactly in mental and physical manifestations with those I saw, and which are so graphically described by many English and continental authors.

The following description from Dr. Conolly's Report for 1840, comprises the essential characteristics of general paralysis :—

“Men in the prime of life, intelligent and of active habits, have perhaps sustained a single attack of paralysis; a slight impairment of the mind, a slight faltering in the speech, and a little infirmity in the gait, only discovered by those who look for it, are the most prominent symptoms. Yet in all these cases the death-blow is struck from the first. When the previous history of these cases can be obtained, it is usually found that certain changes of character and disposition preceded the paralytic attack. The individual who was before prudent in his conduct, has become extravagant and speculative; or after being lively and attentive to propriety of dress and behavior, has become dull,

slovenly, and occasional forgetful of decorum. These changes have gradually appeared for a year or two before disease has declared itself. After a little ebullition of discontent on being removed from their homes, they often become contented and even full of exciting hopes. Sometimes they are fretful, because they cannot carry into effect some project or speculation connected with their former pursuits. But a vague kind of happiness soon succeeds to this state. Their health, they say, was never so good, their mind never so clear, their prosperity never so secure. Fits of a convulsive character, sometimes decidedly epileptic, often supervene on this state; and each attack leaves the mind and body weaker, until a paroxysm more severe than common, proves fatal. When this is not the course of the disease, the mental excitement becomes more extreme, and after some continuance, ends in an obliteration of almost every faculty, in which state the patients' life may be prolonged for a considerable period."

The cases under my care have uniformly, with a single exception, been of the male sex, and in almost every instance in those, who have borne the long continued pressure of unusual business anxieties, either with or without reverses. The form of delusions has almost always borne reference to immense amounts of money, great power or some similar exaltation. No recovery has occurred among them.

In regard to the general mode of treatment which is expedient in mental disorders, I find the results of my own observation and experience so clearly and concisely detailed in a late Annual Report of the Middlesex Hospital at Hanwell, England, from its physician, Dr. Conolly, that I feel that I shall need no apology for extracting it.

"However desirous the medical attendant in a Lunatic Asylum may be to enlarge the resources of medical treatment, and to found his plan in each case on a clear view of some bodily derangement, to remove which, his well-reflected measures may be confidently directed, he will find in many examples that such clear indications do not present themselves. The pathology of

many of the cases, too, with all the light, that careful examination after death can throw upon it, remains obscure. Sometimes arising from disturbance of organs remote from the brain ; often from some direct moral impression or shock affecting the brain itself ; the first steps of the malady have left no trace, or have become undistinguishable amidst their effects. Morbid appearances, too general to warrant distinct conclusions, present themselves, in abundance, to the physician's observation ; and he becomes convinced that most of these are, like insanity itself, mere consequences of some anterior disturbance of the brain or nervous system ; probably imperceptible to the senses. Happily, however, it is found, in a great majority of cases, that the mere abstraction from ordinary stimuli, afforded by an Asylum, its ordinary arrangements, its wholesome regimen, and the contrast it affords to the scenes and circumstances in which the mind became deranged, prove remedial to an extent beyond expectation. In Asylums for the rich, the patients are removed from a thousand excitements ; and in Asylums for the poor, they are delivered from the daily contemplation of poverty and want. The pride of medical science is disconcerted by the reflection that mere medicine has had but a small part in the cure of many patients who leave an Asylum well. But the application of medical science is not limited in any disease to the administration of drugs, or the abstraction of blood ; and least of all in diseases of the nervous system. Hence it arises, that the general management of an Asylum, the regulation of the diet, the exercise, the hours of rest, the occupation, the amusements, the dress, and conduct, become of wide application and extreme importance. These matters, well arranged, become general medicines ; influencing the whole frame of body, and bringing it into a state in which the mysterious troubles of the brain have the best chance of becoming composed. In an Asylum containing at all times a large proportion of incurable lunatics, the influence of all these circumstances on the comfort, happiness, health, and longevity of these unfortunate beings, becomes scarcely second in importance to the care of those, who were not beyond hope."

Of the *forms of diseased mind*, which have been presented in the somewhat large number under my care, it is obvious that in our indiscriminate admission, every variety from the slightest mental ill balance, justifying involuntary detention, to the most frantic and furious, become inmates of the Asylum. A considerable proportion, often perhaps amounting to a majority of patients at any given period, or on their admission to its care, are not easily, if possibly, to be referred to either of the four great classes or types of insanity now much adopted, viz. ; mania, melancholia or depression, monomania, and demency, or loss of mental power. Extreme and marked cases of each of these forms will occur, easily referable to their particular genus, but the great mass of cases run into several or all these types in their manifestations, in multiform and ever varying complications, while some, like impulsive insanity or moral insanity, can scarcely be forced into either of these distinctions.

This classification appears to me unsound therefore, as respects the palpable characteristics or manifestations of insanity ; it also will not bear the test of accuracy as regards the cause of disease, or the pathological condition of the sufferer, since there is every reason to believe that the peculiar affection called insanity, whether the sequence of primary affection of the cerebro-spinal system, or merely the reflex action of more distant irritations upon that system, is a unit, and these forms are merely the changing external symptoms, often having scarcely a diurnal continuance, before passing from one to another. It is a division useless, as regards moral or medical treatment, for neither the moral nor the medical regimen would be determined by the name or class, to which a case might approach the nearest, irrespective of the indications presented in each individual constitution. It is also ambiguous as regards any facilities in conveying its character to another mind by description ; for example, a case often presents itself having all the external appearances of dementia or loss of mind, which yet speedily and wholly recovers ; of course, not being a true dementia, as its symptoms would indicate, but merely a form of mania resembling it. In

short, I see no more basis in truth and nature for this usual division of insanity, than there would be in dividing phthisis not genera, according as the cough was violent, moderate, or absent. In neither case, would the designation most approximated to the artificial scale, when fixed, assist in any degree in the prognosis, treatment, or explanation.

I have for many years noticed, that there are in actual observation, three great distinctions in the forms in which insanity presents itself, occasionally pure and unmixed, at other times complicated, alternating, and less capable of being analyzed. I know not that a classification on the basis of these manifestations would be any more philosophical or practical, than the ordinary mode; it certainly cannot be less so. In its relations to the educational management of the mental and moral faculties, and in its bearings upon the medical jurisprudence of insanity, I believe the division would be found of essential value. The necessary limits of a Report will allow but a glance at the subject.

1. A form of insanity affecting the intellect; when intense and exalted, constituting the excited state of mania; when less aggravated, appearing in delusions merely, in incoherence, or in imbecility. In a vast proportion of instances, the sufferers are equally removed from wild chaotic fury and imbecility, with feelings and moral sentiments still comparatively unimpaired, so as in a greater or less degree to be successfully appealed to; which in fact furnishes, in all institutions, the principle on which moral treatment is based.

2. Insanity not involving essentially the knowing faculties, as far as the conversation of the individual is concerned, but touching the moral sense mainly or exclusively; a form of disease recognized by all writers and practical guardians of the insane, since the ample developments of Rush and Pinel. The later writers of England and France, as Marc, Esquirol and Prichard, give descriptions and illustrations of *moral insanity*, which are graphic, and equally applicable on this side the water. The latter suggests the following definition: "*Moral insanity or*

madness, consists in a morbid perversion of the natural feelings, affections, inclinations, temper, habits, and moral dispositions, without any notable *lesion of the intellect or knowing and reasoning faculties*, and particularly *without any maniacal hallucination*."

There is insanity of *conduct* but not of *conversation*; the person afflicted is capable of reasoning with correctness and energy upon premises not only false, but which they know to be false, and frequently display the greatest ingenuity in giving reasons for and explaining away their eccentric or unjustifiable conduct, and accounting for the change which they will admit, has occurred in the whole tone and temper of their dispositions and propensities.

It is a form of disease in which, perhaps, more than in any other, acts which, in a rational and responsible being would be crimes, are committed. It occurs, at times, as the sequel of violent attacks of mania,—it passes into decided mania or demency,—it alternates with intellectual derangements;—all which circumstances afford an adequate presumption of its being a genuine form of insanity.

3. Insanity consisting in deranged or perverted sensibilities.

It is no uncommon thing for those devoted to the treatment of the insane, to be consulted in cases, and to receive such as inmates of an institution, where both the understanding and the moral sense alike appear to be undisturbed. The sufferer is not only capable of discriminating intellectually the relations of things, but his will to act correctly and conscientiously is unaffected. The disease consists in an unaccountable and not easily described nervous distress, amounting at times to agony; he is intolerably miserable, yet cannot tell why, or give any clear account of what his suffering is concerning; he has no delusions, but vague and indefinite fears and apprehensions of future ill; all is dark, gloomy and hopeless before him, nor has he slightest trust in ever seeing a brighter day; he is in utter despair, yet when his mind is exerted on common topics, its operations are natural, and his acts, although reluctantly entered upon, are performed as well as ever.

Suicidal propensity is no unusual concomitant of this terrible state of feeling.

This form of disease almost invariably is periodical ; the intermediate interval between its paroxysms, often extending to the length of years, and being filled with a gay, active, and useful life. It is peculiarly apt to occur in those who have had few real troubles and anxieties. The counsels and prescriptions of friends and physicians, anxious to relieve so dread a malady, persuade the sufferer to hope and perhaps to believe, even against the evidence of his own judgment, that it is his digestive apparatus which is responsible for his misery. This train of reasoning, together with the dietetic regimen and medicinal agents prescribed, may complicate the previous symptoms of the patient with hypochondriasis. This is probably a consequent and resulting symptom, not an original one ; no early difficulty in the assimilative system is usually appreciable. The whole trouble is in the mysterious functions of the nervous system. The treatment most, if not exclusively, efficient, is moral regimen, and this especially in substituting a real evil for the indefinite, intangible misery of the patient's mind. The restraints, discipline, and interdiction from friends of an Asylum or of a sea voyage, are pretty sure to effect a recovery from this truly distressing affliction.

Another illustration of this form of sensitive disease may be mentioned, which has repeatedly come under our care. A sudden antipathy occurs from an affectionate wife toward her husband. Inordinate attachment apparently subverts the very power of loving ; the lately idolized object becomes hateful and abhorrent ; no reason exists or is pretended ; the conscientious victim of this form of disease can give no explanation ; is filled with self-reproach for ingratitude ; reason attempts to coerce the feelings into a sound and natural train, but in vain. Dislike, antipathy, abhorrence, has firmly and causelessly replaced kindness, interest, and affection. No religious impressions, no persuasions of friends, no appliances of suasion, reproof, or argument, have the slightest effect. It is a *diseased feeling*, with neither aberration of the understanding, nor of the moral sensibilities ; it is suc-

cessfully treated as any other form of mental disorder, and on the same principles.

The *heart* or affective system over-exerted, over-tasked, and thus broken down under its own undue operations, requires repose, diversion of feelings, different interests, to allow it to repair the damage, as does the *head* or intellectual portion.

In regard to *moral insanity*, I am aware that our legal tribunals can hardly be considered as giving an assent to its actual existence ; they seem to conceive that any and all definitions of it, make wrong acts perpetrated by its victims, as neither more or less than crime. To any one who has had occasion to analyze the views, which legal tribunals take of the whole relations of other forms of insanity, their opinions on this will scarce leave any presumption against its veritable existence. What might have been the original basis of the English common law doctrines in relation to insanity, and the responsibilities of impaired mind, it is difficult now to conjecture. It is obvious, that the earliest opinions were formed without much reference to the actual facts ; they appear rather to have been the ingenious closet speculations of scholars over works of ancient metaphysics, than of practical observers, or of those even who had availed themselves of the opinions of men who had been accustomed to watch the operations of diseased mind. Having formed this stable foundation of the doctrines of insanity, it has been peculiarly sacred to the legal maxim of *stare decisis* ; a sovereign contempt has been evinced for the labors of those who have had the duty of developing the progress of science, and recording the accumulation of facts in regard to insanity. The courts have had little respect for the books of modern science, as being works merely designed to prescribe what the law should be, and not what it is. The doctrines of our courts, instead of being modified by the advances of science, are still, to our day, fixed under the decisions of men whose standards, and tests, and criterions of what constitutes responsibility for acts, will be presently exhibited. Under such adjudications, it is not uncharitable to say that the history of the medical jurisprudence of insanity is, and will ever

continue to be under ancient decisions, a history of the shedding of innocent blood—of judicial murders.

One in reading the strange notions laid down as principles of law by the learned and upright judges and lawyers of England—the Hales, Cokes, Traceys, Gibbises, Mansfields, and Erskines, cannot but feel that if these eminent men had but condescended to leave their dignified seats on the bench, and passed a few hours amongst the inmates of Bethlem or St. Luke's, they could not have fallen into such absurd and mischievous doctrines, as they avowed and which to so great a degree are still the law of that and our land.

For example, the doctrine of Lord Coke and Sir Matthew Hale, as laid down by Erskine, is: “to protect a man from criminal responsibility there must be a *total deprivation of memory and understanding*.”

Mr. Justice Tracey in 1723, laid down as his criterion of responsibility of the insane: “it must be a man, that is totally deprived of his understanding and his memory, and doth not know what he is doing, no more than an infant, than a brute, or a wild beast; such a one is never the object of punishment.” It might be added that such a one was probably never brought before a court for a trial, nor ever will be. Entire fatuity would alone come under this definition, and inactive, vegetative vacuity of mind can scarce be imagined to do an act, likely to injure the life and limbs of others. Probably under a strict application of this principle, one per cent. of all lunatics confined in hospitals might be successfully defended.

The next test in establishing the Procrustean bed for measuring responsibility, was the ability on the part of the lunatic of *distinguishing right from wrong*, a criterion which would exempt from the legal consequences of their acts, in the opinion of such intelligent guardians of the insane as I have asked the question, certainly not above ten per cent. of their patients—and of those “so furiously mad as to be manifestly dangerous to be at large,” (the terms provided by our statute for commission to the State Lunatic Hospital,) probably not half that proportion. Sir Vicary Gibbs, Attorney General of England in 1810, thus lays down

this principle. "I say this upon the authority of the first sages in this country, and upon the authority of the established law in all times, which law has never been questioned that, although a man be incapable of conducting his own affairs, he may still be answerable for his criminal acts, *if he possess a mind capable of distinguishing right from wrong.*" Which test was thus endorsed by Lord Mansfield: "There was a third species of insanity, in which the patient fancied the existence of injury, and sought an opportunity of gratifying revenge by some hostile act. If such a person were capable, in other respects, of distinguishing *right from wrong*, there was no excuse for any act of atrocity which he might commit under this description of derangement."

It is worth while to mention that *under this rule*, in the very case where this test is so decidedly and confidently propounded, a man, whom nobody now doubts to have been a perfect lunatic, committed his homicidal act on the eleventh day of May, 1811, was tried, convicted, sentenced, executed, and his body placed on the dissecting table on the eighteenth—all within a week! The rule is still set forth to juries as their light-house to guide them in their search for truth! occasionally modified of late by additional definitory tests, but this one always deemed as settled.

The recent adjudication of the English judges, upon the requisition of the House of Lords, in the words of Chief Justice Tindal, appears to go no farther than the ancient decisions referred to, unless the recognition of a possible loophole of retreat in the suggestion that the inquiry into the prisoner's ability to distinguish right from wrong, "is not so accurate, when put generally and in the abstract, as when put with reference to the party's knowledge of right and wrong in respect to the very act with which he is charged," be so considered. The essence of this opinion is, "that to establish a defence on the ground of insanity, it must be clearly proved, that, at the time of committing the act, the party accused was laboring under such a defect of reason from a defect of mind, as not to know the nature and quality of the act he was doing, or if he did know it, that he did not know what he was doing was wrong."

The late fixing of the English law, which in cases just previous had been vibrating, occasionally recognizing delusion and even motiveless impulse as true defences, is perhaps somewhat extraordinary, as a portion of these same judges in the very case which formed the occasion of this opinion being called for, decided on principles directly the reverse of this solemn decision.

In that case, (the well known one of McNaghten,) there was no pretence that the prisoner had not the full possession of his memory and understanding, that he did not recognize fully the nature of right and wrong in the abstract, and no evidence that he did not know this distinction in relation *to the very act for which he was tried and acquitted.*

The test of the presence of *delusions* and the criminal act directly connected with and resulting from the delusions, was an apparent step towards the truth. It was a step which does not go far enough ; it does not reach a long list of cases which every book on insanity details, and which every guardian of the insane sees, where the individual may be chaotically mad, yet without delusion ; cases, analogous to that state of mind produced by and manifested in intoxication, where the whole passions are running into wild confusion, yet not one false idea which could be tortured into delusion. Still less does such a definition touch those cases where, under a sudden unaccountable impulse, the mother kills her own infant, and months afterward only becomes conscious of her act ; still less will it comprise the cases of moral insanity, of motiveless propensities to kill for the mere craving for the act ; to steal irrespective of the value of the thing taken or its use, and the like, of which illustrations exist within almost every one's own knowledge, and which no one unprejudiced can doubt are cases free from moral responsibility, whatever the rules of law may determine.

Space will not permit more than an allusion to the strange inconsistencies and absurdities of the English law in relation to *degrees* of insanity, and the *connexion* of the insane ideas with the act which is the subject of investigation. From the test of Justice Tracey, that to exempt from criminal responsibility, the

patient should know absolutely nothing, to that of a later tribunal, where ability to repeat the multiplication-table was gravely considered as the exact point in a civil case, the doctrines and decisions have been amusingly strange and inconsistent. Even cunning, foresight, calculation, all possessed occasionally in a wonderful degree by the most insane patients of every hospital, have been regularly decided by the highest English tribunals, to contraindicate the existence of that degree of alienation which implies criminal irresponsibility !

If there has been comparatively but little innocent blood shed of late years under these fixed, unyielding adhesions to antiquated notions, (notions as repulsive to modern facts and deductions of science, as if the chemistry of those ages when only four elements, fire, air, earth and water were recognized, should be the ruling authority in a case of poisoning by arsenic,) it has been because juries, directly or indirectly, have revolted from these monstrosities of the common law. They have in many cases, would I could say in all, allowed common understanding and common sensibilities to prevail over tests, at the application of which the mind shudders.

It may be a consolation and an encouragement to juries, in faithfully following out their own sincere convictions upon the *law* and evidence in such cases, to know, that in a pretty diligent inquiry as to the event of every case of homicide in New England, where the accused has had the defence of insanity "set up" for him, and been acquitted on that ground, it has been found that not a single instance has occurred, where the progress of time has not abundantly verified the soundness of the defence ; a fact which ought forever to silence the thoughtless, but perhaps not inconsequential intimations always presented in such cases, that insanity is "set up" as the last resort of a desperate defence. Even should it happen that the subsequent history of an individual acquitted should afford no verification of the fact of insanity, it would prove nothing against the soundness of a verdict. Cases of *transitory* insanity are sufficiently numerous. Whoever chooses to test the soundness of the opposite verdicts, or look for

cases of unequivocal insanity sent to the gallows, or saved therefrom by executive clemency, shall not find his labor vain.

After floundering through all the mists, and doubts, and inconsistencies of our own jurisprudence of insanity, how beautifully clear, just and humane does the simple principle of the French code commend itself to the understanding and the feelings. "Art. 64. Il n'y a ni crime ni délit lorsque le prevenu était en état de demence au temps de l'action." There is neither crime nor fault when the accused, at the period of the act, was in a state of insanity. In the State of New York in criminal cases, this principle is laid down with equal broadness and directness. "No act done by a person in a state of insanity can be punished as an offence, and no insane person can be tried and sentenced to any punishment or punished for any crime or offence committed in that state."*

These sound doctrines are based on a great truth, which eventually will secure their adoption into the code of every enlightened and humane people. This truth is, that where there is a palpable degree of insanity manifested in an individual, however limited may be its apparent extent, there is such a strong probability of there being a much greater lesion of the mind than is outwardly manifested, that there is always imminent danger that an irresponsible agent will be sacrificed, if it is attempted to decide upon the exact condition and boundaries of the disease. In my own observation of even those considered as the purest cases of monomania, I have found on being domiciliated with them, and admitted into those recesses of thought and feeling, of which the world, uninterested as it is in the information, can know little or nothing, that there is uniformly so much general aberration of mind, so much more disease than is shown on the surface, as long since to induce the belief, that no such form of insanity, as that monomania which is so often described, and

* In Livingston's Penal Code for Louisiana, the provision is almost in the same words. In several of the German States, where the medical jurisprudence of insanity has been thoroughly and philosophically investigated, the law is the same.

referred to in books, delusions confined to one topic while the rest of the mind is unimpaired, exists in nature. This too, is not only true as regards monomaniac alienations, but the various partial and less obvious forms of insanity, in which, as regards at least criminal responsibility, the only safe rule is, if insane at all, the subjects are irresponsible in all things. If it be a rule of law alike merciful and just, that many guilty had better escape, than that one innocent should be punished, let it be applied here, where the whole history of jurisprudence will show, that many innocent have been punished for the direst calamity of Providence, while, as before suggested, scarce an instance of a guilty man escaping on this plea can be found.

What, it may be asked, shall insane men possessing the sagacity, the calculation, the forethought which it is alleged they do often manifest, and so capable of being influenced by motives as the experience of institutions shows them to be, shall such understand that they alone are to be deemed to have immunity against the consequence of their evil acts? What is to prevent such from reasoning in regard to homicide and graver crimes, as we know they do on lesser matters, that they can do what they choose, and fall back upon their admitted insanity as an excuse and exemption from punishment?

Happily in these days of abundant provision for the insane, the reply to this interrogatory is plain and conclusive. A lunatic capable of making such calculations, would not fail also to see that if not liable to punishment as a felon, that there was before him an immurement for life, or for a long series of years within the bounds of an insane hospital, sufficiently abhorrent, and the fear of which would be controlling, if motives and reasons controlled at all.

It is only by the general adoption of some statutory provision equivalent to the 64th Article of the French code, or the statute of New York, that an end can be put to the groping and floundering of our courts and their functionaries after that test, or standard, or criterion, which would at once decide the degree of insanity, which should preclude responsibility. That standard

does not exist in nature ; if such a line of universal application is to be drawn, it must be a wholly artificial line, and will accomplish the ends of truth and justice, just as well as a test to define the exact moral character of an act, irrespective of motives and circumstances.

Next to the sound and merciful rule, that insanity renders men not amenable to punishment, while at the same time it involves the necessity of the public and themselves being protected in future from their acts, it is important to arrive at the best means of determining the fact of insanity. Here the long adjudications of the English law afford us no aid. That definition has not yet been constructed, which in a few words shall comprise a hundred manifestations of disease. There is yet no sentence so compact and yet so complete, as to combine the ideas ordinarily requiring a volume to communicate. Insanity in its nicer forms can only be determined by a long continued, patient inquiry into multitudinous circumstances and manifestations, by competent and experienced men. How shall this investigation be made so as best to promote the ends of justice ?

In France, the course is this ; after the commission of an act, which, if the perpetrator be responsible, is criminal, the accused, suspected of insanity, is subjected by legal process, to the examination of a commission composed of the Pinels, the Marcs, the Esquirols, of the day. Upon them rests the awful responsibility of determining the state of the mind of the accused, as to the one fact of insanity ; they approach him at all times, they watch his actions in his presence and without his knowledge ; his habits, his sleeping and waking hours, his physical condition, every thing in fact which can throw light upon the momentous question, passes under slow, persevering scientific investigation. Under the responsibility of reputations as precious to them as those of the highest court, and under the sanction of an oath, they arrive at conclusions, and present their reasons for such conclusions, which form one, not the exclusive, element for a court and jury to arrive at a just judgment.

How are the facts, elucidating the state of a prisoner's mind after a doubtful act, ascertained with us? The functions devolving in France upon the bright professional luminaries such as I have named, here fall upon the gaoler, the constables, and the turnkeys. *Experts* may on the day of final trial be summoned in, to give their opinions on testimony derived from such sources as this! No provision exists for any investigation beyond the *volunteer* aid, which such an ungracious task will rarely secure. The moment for investigating the perhaps fleeting manifestations and evidences of disease passes, before the law makes the least advances for the prisoner's protection. I have even known the instance of a professional man whose life was spent among the insane, and who, moved solely by humane feeling had visited in prison a friendless wretch whose homicidal act was feared from circumstances, to be the result of insanity, being held up and vilified to a jury by a government functionary, for his *officious* intermeddling in matters in which he had no concern!

In closing this subject, I cannot refrain from the expression of my full conviction that the law of insanity cannot much longer remain in New England, under the mists and darkness of another age.

I feel that no apology can be needed for the expression of these considerations, in view of the fact that in the course of Providence it can happen to but few in the profession, to have the care of, and intercommunication with, many cases of mind diseased, and thus situated, such are bound to present occasionally the results of their experience when it has become extended, whatever it may be, or whatever weight it may justly possess, fearlessly and openly.

LUTHER V. BELL,

Physician and Superintendent.

*Mc Lean Asylum for the Insane,
Somerville, Jan. 1, 1844.*

TABLE

*Of Admissions and Results at the Mc Lean Asylum
from its opening.*

Year.	Admitted.	Discharged.	Whole No. under care.	Unfit.	Eloped.	Dead.	Not improved.	Improved.	Much improved.	Recovered.	Remaining at end of year.
1818											
1819	58	35	58	1	0	5	5	9	4	11	23
1820	44	40	67	1	4	1	11	8	4	11	27
1821	47	46	74	1	2	3	10	8	12	10	28
1822	64	50	92	0	0	5	17	8	6	14	42
1823	73	61	115	1	2	2	19	11	6	20	54
1824	53	56	107	0	1	5	14	5	8	23	51
1825	59	56	110	2	4	8	8	3	10	21	54
1826	47	46	101	0	1	5	14	5	1	20	55
1827	58	56	113	1	0	5	6	2	8	34	57
1828	77	65	134	3	0	5	12	12	10	23	69
1829	73	77	142	1	1	9	19	12	9	26	65
1830	82	78	147	0	2	10	6	8	18	34	69
1831	83	84	152	0	2	8	16	15	13	30	68
1832	94	98	162	1	0	10	14	9	21	43	64
1833	103	100	167	0	2	8	10	25	13	42	67
1834	107	95	174	0	0	7	6	15	26	41	80
1835	83	84	163	1	0	11	7	11	9	45	77
1836	106	112	183	0	0	10	24	5	9	64	71
1837	120	105	191	3	0	8	8	4	10	72	86
1838	138	131	224	2	0	12	13	7	23	74	93
1839	132	117	225	3	0	10	13	11	11	69	108
1840	155	138	263	0	0	13	18	20	12	75	125
1841	157	141	283	2	0	11	29	13	11	75	142
1842	129	138	271	3	0	15	20	12	8	80	133
1843	127	126	260	5	0	18	15	17	8	63	134
	2269	2135		31	21	204	314	255	270	1020	

REPORT

OF THE

STEWARD OF THE Mc LEAN ASYLUM FOR THE INSANE,
FOR THE YEAR 1843.

The following are the balances of the several accounts :

Stores, ...		\$9,267 10
Fuel, ...		1,043 13
Stationary, ...		21 40
Wages, ...		4,585 11
Medicine, ...		174 51
Contingencies, ...		711 05
Furniture, ...		995 52
Repairs, ...		1,304 32
Improvements, ...		1,085 00
Diversions, ...		617 48
Abatement, ...		506 63
Library, ...		36 51
		\$20,347 76
Deduct Farm, Garden, &c.	1,283 58	
Abatement, .	506 63	1,790 21
		\$18,557 55
Add salaries, ...		3,700 00
		\$22,257 55

COLUMBUS TYLER, *Steward,*

*Mc Lean Asylum,
Somerville, Jan. 1, 1844.*

APPENDIX.

DIRECTIONS FOR THE ADMISSION OF PATIENTS.

Applications for admission of patients to the Mc Lean Asylum for the Insane, may be made to either of the Trustees of the Massachusetts General Hospital, or to Dr. BELL, Physician and Superintendent, at the Asylum in Somerville, a mile and a half from the City of Boston. If the application is made by letter, it should be directed to him through the Post Office at East Cambridge, Mass.

By a recent vote of the Trustees, the lowest rate for patients, without reference to the fact whether they are or are not residents of Massachusetts, is fixed at three dollars per week. Where the pecuniary ability is such as to make a higher rate fair and equitable, it is proportionably increased.

The blank forms requisite for admission will be furnished on application as above. They consist of a certificate from a regular physician that the patient is insane, a request for admission signed by the nearest relative or guardian, a bond with conditions to pay the rate fixed, to remove the patient when discharged, &c. &c., to be signed by one responsible person as principal, and another as guarantee. Evidence of such responsibility from strangers is expected.

Patients are not received for a shorter period than three months, unless sooner recovered, in which event they are charged only for actual residence.

It is also considered as a part of the covenant, that patients are to be visited only at the discretion of the Superintendent. This understanding is based on the fact always recognized in all institutions, that visits of friends occasionally do great mischief to curable patients, and if repeated at pleasure, destroy all chance of recovery. In regard to patients whose residence is merely custodial, there is never any refusal to their being visited by near friends or such other persons, as can with propriety, desire to do so.

As the Asylum cannot possibly accommodate more than from one hundred and thirty-five to one hundred and forty patients, and its average numbers for some years have been nearly this, it is desirable that some notice should be given of the intention to place patients under its care previous to their being sent from home. This, however, is not necessary, as regards patients recently seized, where every week's delay is of high importance.

By a regulation of the Trustees, no visits to the Asylum are permitted on Sundays. It would also be a great convenience to the Superintendent, if calls to see and inquire respecting patients were made, as far as practicable, on the afternoons of Wednesday and Saturday.

OFFICERS OF THE INSTITUTION. 1844.

WILLIAM APPLETON, *President.*
JONATHAN PHILLIPS, *Vice-President.*
HENRY ANDREWS, *Treasurer.*
MARCUS MORTON, JR., *Secretary.*

TRUSTEES.

CHARLES AMORY,	<i>Over New England Bank.</i>
WILLIAM T. ANDREWS,	<i>No. 10 Central Court.</i>
NATHANIEL I. BOWDITCH,	<i>Over Suffolk Bank.</i>
GEORGE M. DEXTER,	<i>No. 11½ Tremont Row.</i>
HENRY EDWARDS,	<i>No. 50 Milk Street.</i>
ROBERT HOOPER,	<i>No. 39 Commercial Wharf.</i>
THOMAS LAMB,	<i>Washington Ins. Co. State Street.</i>
FRANCIS C. LOWELL,	<i>T. A. Dexter's Office 28 State St.</i>
JOHN A. LOWELL,	<i>No. 3 Oliver Street.</i>
HENRY B. ROGERS,	<i>No. 39 Court Street.</i>
CHARLES S. STORROW,	<i>Lowell Rail Road Depot.</i>
EDWARD WIGGLESWORTH,	<i>No. 16 India Wharf.</i>

Consulting Physicians.

JAMES JACKSON, M. D. GEORGE C. SHATTUCK, M. D. JOHN
HOMANS, M. D. JOSEPH ROBY, M. D.

Consulting Surgeons.

JOHN JEFFRIES, M. D. ABEL L. PEIRSON, M. D. EDWARD
REYNOLDS, M. D. OLIVER W. HOLMES, M. D.

Officers of the Hospital.

JOHN M. GOODWIN, *Superintendent.*

JACOB BIGELOW, M. D.

ENOCH HALE, M. D.

JOHN B. S. JACKSON, M. D.

JOHN C. WARREN, M. D.

GEORGE HAYWARD, M. D.

SOLOMON D. TOWNSEND, M. D.

} *Visiting Physicians.*

} *Visiting Surgeons.*

HENRY I. BOWDITCH, M. D. *Assistant Physician.*

JOHN FRAZIER HEAD, *House Physician.*

WILLIAM E. TOWNSEND, *House Surgeon.*

CHARLES K. WHIPPLE, *Apothecary.*

Officers of the Mc Lean Asylum.

LUTHER V. BELL, M. D. *Physician and Superintendent.*

CHAUNCEY BOOTH, JR. M. D. *Assist. Physician and Apothecary.*

COLUMBUS TYLER, *Steward.*

MRS. MARY E. TYLER, *Matron.*

HOMER GOODHUE, *Male Supervisor.*

MISS RELIEF R. BARBER, *Female Supervisor.*

VISITING COMMITTEES

FOR

1844 - 5.

February, ...	Messrs. AMORY and F. C. LOWELL.
March, ...	" F. C. and J. A. LOWELL.
April, ...	" J. A. LOWELL and BOWDITCH.
May, ...	" BOWDITCH and HOOPER.
June, ...	" HOOPER and ROGERS.
July, ...	" ROGERS and ANDREWS.
August, ...	" ANDREWS and LAMB.
September, ...	" LAMB and STORROW.
October, ...	" STORROW and EDWARDS.
November, ...	" EDWARDS and WIGGLESWORTH.
December, ...	" WIGGLESWORTH and DEXTER.
January, ...	" DEXTER and AMORY.

ANNUAL REPORT

OF THE

BOARD OF TRUSTEES

OF THE

MASSACHUSETTS

GENERAL HOSPITAL,

FOR THE YEAR

1844.

BOSTON:

1845.

EASTBURN'S PRESS.

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FOR THE YEAR

1881

PUBLISHED BY THE

REPORT

OF THE

BOARD OF TRUSTEES

OF

THE MASSACHUSETTS GENERAL HOSPITAL,

PRESENTED TO

THE CORPORATION, AT THEIR ANNUAL MEETING,

JANUARY, 1845.

THE Committee of the Trustees of the Massachusetts General Hospital, appointed to examine the Treasurer's account and to present to the Corporation a statement of the general condition of the Institution, respectfully report, that they have examined the Treasurer's account and his statement of the amount of property belonging to the Institution at the end of the year 1844, with the evidences of the same. They have found the account and the schedule of property correct and well vouched, and made up with much neatness and precision. The present amount of property, as shown by the schedule, is \$157,066,04.

The balance of the Note to the Massachusetts Hospital Life Insurance Company, amounting to \$10,000, has been paid.

The Treasurer has paid, to meet the current expenses of the Hospital and the Asylum, about \$16,000, and has received from interest, rents, donations for free beds, amount paid him by the Steward of the McLean Asylum, and from dividends, about \$21,000.

The report of Col. Goodwin, Superintendent of the

Hospital in Allen Street, that of Dr. Bell, Superintendent and Physician of the McLean Asylum, and the balances of accounts furnished by Mr. Tyler, its Steward, are herewith presented.

Col. Goodwin's report shows that there were admitted into the Hospital in Allen Street, during the year 1844, 269 male, and 166 female patients; total, 435. Of these 174 were paying patients and 250 were free; the 11 others paid board a part of the time; 183 were discharged well, 137 more or less relieved, and 47 died.

A large number of patients were received in advanced stages of disease, and there were 55 cases of recent accidents. Many of these patients died soon after admission.

The proportion of deaths to the whole number of results was about one in ten.

For the following statement, the Committee are indebted to our active Assistant Physician, Dr. H. I. Bowditch.

	1842	1843	1844
Number of applicants for admission,	581	552	610
Refusals in consequence of no vacant free beds,	104	106	47

The expenses of the Hospital in Allen street, for 1844, were \$13,164 43; the number of patients having been 431. The expenses for 1843, were \$11,267 76; the number of patients having been 365.

The average weekly expense of each patient in 1844 was about \$4 77 against \$4 56 for 1843.

The average time of stay of ward-paying patients was three weeks and six days, and that of free patients seven weeks and one day.

The state of the Asylum at Somerville, is shown by the report of Dr. Bell. 158 patients were admitted during the past year, and 160 discharged. Of the latter 68 had recovered, and 19 had died. The number remaining at the end of the year was 152, viz: 75 males and 77 females. The Asylum was compelled during the last year, for the first time since its establishment, to refuse some applications from want of room. This accounts for its

expenses having been greater than in 1843. In that year they were \$22,257,55; while in 1844, as appears from Mr. Tyler's statement, they were \$26,425,34. We should add, that the Steward of the Asylum paid to the Treasurer, during the past year, \$5,000, and received from him but \$4,100. This fact shows that the financial condition of the Asylum is prosperous, and its condition in other respects, as appears from Dr. Bell's report, is very satisfactory.

In March last the Treasurer received twenty thousand dollars, bequeathed to the Institution by the late Israel Munson, Esq. This legacy places Mr. Munson among the largest benefactors of the Hospital. Our thanks are due to the Executor of the will, Charles Barnard, Esq., for the promptness with which the legacy was paid.

The Committee take this opportunity to express the grateful feelings with which the Trustees have received the munificent contribution, made during the past year, to the funds of the Institution under their charge. The large increase of the population of the city since the foundation of the Hospital, the influx of strangers whom business and pleasure bring hither, and many of whom disease detains, the greatly augmented number of persons employed in dangerous occupations, and the numerous disorders that spring from the habits of life prevalent in large towns, had made a great extension of our accommodations necessary. The Trustees being pressed with applications for admission into the Hospital, which its narrow limits compelled them to reject, appointed a committee of their body, during the last Summer, to make known to the public their need of increased means, and to receive the subscriptions of those who might be willing to add to their funds. A full report of their doings and of the generous spirit with which their appeal was met, was made to the Trustees in August last, by the Chairman of the Committee, Henry B. Rogers, Esq. An extract from this report we beg leave to annex to our own.

After stating the amount obtained, viz: \$62,550, the report proceeds thus.

Six persons have subscribed	\$2000	each making	\$12,000
Nineteen persons	"	1000	" " 19,000
Thirty-three	"	500	" " 16,500
Three	"	300	" " 900
Six	"	250	" " 1,500
Fourteen	"	200	" " 2,800
Seventy-eight	"	100	" " 7,800
Two	"	75	" " 150
Thirty-seven	"	50	" " 1,850
Two	"	25	" " 50

Such a result has far exceeded the most sanguine expectations of the Committee, and probably of all others. We have every where been received with kindly feelings. In no one instance has the object been spoken of in terms other than those of the highest commendation, and to but few have we applied with whom there appeared to be any other question than of the amount which it was proper for them to put down. These facts are equally honorable to the donors, and to those, who, through successive years, have had the management of the Institution. They are the most convincing proof that could be afforded, that the Hospital has been so conducted as to impress strongly the public mind with a sense of its utility and importance. We desire, in behalf of the sick and suffering individuals, who are to be the recipients of the benefits thus conferred upon this Institution, to express our deep and hearty thanks to each and all of the contributors to the present princely donation, for their generous liberality.

The Committee would not close their report without expressing, also, their indebtedness to all who, in any way, have aided them in soliciting subscriptions, and especially would they render their warmest acknowledgments to the President of the Corporation, William Appleton, Esq., whose personal labors in their behalf have been great and of the utmost importance.

The Committee will only remark, in conclusion, that they have much pleasure in being able to represent the condition of the Institution as highly satisfactory.

EDWARD WIGGLESWORTH,
WILLIAM T. ANDREWS.

Boston, January, 1845.

REPORT

OF THE

SUPERINTENDENT OF THE HOSPITAL IN ALLEN STREET,
BOSTON, FOR THE YEAR 1844.

*Admitted to the Massachusetts General Hospital, from
January 1, 1844, to January 1, 1845.*

	Males.	Females.	Total.
Patients paying board, - -	135	39	174
do. do. part of the time, 5	5	6	11
do. entirely free, - - -	129	121	250
	269	166	435

Of these, 132 paid \$3; 14 paid \$4; 27 paid \$6; 1 paid \$8; 3 paid \$9; 6 paid \$10; 1 paid \$12; and 1 paid \$15.
Total, 185.

Discharged during the year.

	Males.	Females.	Total.
Well, - - - - -	113	70	183
Much relieved, - - -	47	23	70
Relieved, - - - - -	44	23	67
Not relieved, - - - -	27	14	41
Not treated, - - - -	8	9	17
Eloped, - - - - -	1	0	1
Unfit, - - - - -	3	2	5
Dead, - - - - -	33	14	47
	275	155	431

Proportion of deaths to the whole number of results,
1 in 10.

Greatest number of patients at any one visit in private
rooms, 7; greatest number of paying patients, 26; of free,
45. Greatest total, 61. Least number, 0 in private rooms;
16 paying; 24 free. Least total, 40.

The unusual number of 55 recent accidents were admitted during the year, many of which proved fatal.

Average number of patients, 28 males, 25 females. Total, 53.

Average number of paying patients, 12 American, and 5 Foreign. Total, 17.

Greatest number of paying patients, 21 American, and 9 Foreign.

Least number of paying patients, 6 American, and 1 Foreign.

Average time of stay of Ward-paying patients, is 3 6-7 weeks, and of free patients, 7 1-7 weeks.

Proportion of Ward beds occupied by free patients, a fraction over two to one.

<i>Analysis of Patients.</i>						Part of time paying.
				Pay.	Free.	
Males—Mechanics,	-	-	-	42	31	2
Laborers,	-	-	-	18	50	1
Farmers,	-	-	-	14	2	1
Mariners,	-	-	-	17	14	0
Traders,	-	-	-	11	4	1
Clerks,	-	-	-	9	3	0
Minors,	-	-	-	5	17	0
Students,	-	-	-	5	1	0
Clergyman,	-	-	-	1	0	0
Teamsters,	-	-	-	3	3	0
Coachmen,	-	-	-	3	0	0
Actor,	-	-	-	0	1	0
Artists,	-	-	-	2	1	0
Naval Officer,	-	-	-	1	0	0
Domestics,	-	-	-	3	2	0
Foreign Minister,	-	-	-	1	0	0
				135	129	5

Total Males, 269. Of this number, 45 were in private rooms.

	Pay.	Free.	Part of time paying.
Females—Domestics, - - - -	6	65	2
Spinsters, - - - -	2	4	0
Housekeepers, - - - -	4	2	0
Wives, - - - -	16	15	2
Widows, - - - -	0	2	0
Nurses, - - - -	1	5	0
Cooks, - - - -	0	7	0
Minors, - - - -	1	12	1
Semstresses, - - - -	7	7	0
Factory Girls, - - - -	1	1	0
Teachers, - - - -	1	1	1
	39	121	6

Of these, 7 were in private rooms. Total females, 166.

One-quarter of the free patients were female domestics, and one-fifth were male laborers, all of whom, except fifteen, were Irish.

Annual Expenses for 1844.

Stores, - - - - -	\$4,534 07
Wages, - - - - -	3,633 30
Fuel, - - - - -	1,406 38
Furniture, - - - - -	782 44
Medicine, - - - - -	1,263 22
Repairs, - - - - -	562 49
Stationery, - - - - -	140 04
Grounds, - - - - -	22 66
	\$12,344 60
Salaries, - - - - -	850 00
	13,194 60
Deduct Contingent Cr. - - -	30 17
	\$13,164 43

The amount of board charged to all the patients during the year, was \$8,928 81 ; of this sum, there was charged to the Trustees for the board of free patients, \$5,791 62 ; and the balance, \$3,137 19, has been received from paying patients.

If the gross amount of the annual expense be divided by the average number of patients, it will give \$4 77 for the weekly expense of each patient.

JOHN M. GOODWIN, *Superintendent.*

To the Board of Trustees.

TWENTY-SEVENTH
ANNUAL REPORT
OF
THE PHYSICIAN AND SUPERINTENDENT
OF THE
MCLEAN ASYLUM FOR THE INSANE,
TO THE TRUSTEES OF THE
MASSACHUSETTS GENERAL HOSPITAL.

DURING the year just closed, two hundred and ninety-two patients have been under the care of the Institution ; viz : one hundred and forty-one males, and one hundred and fifty-one females. Of these one hundred and thirty-four, viz : seventy-six males, and fifty-eight females, were here at the end of the last year, and one hundred and fifty-eight, viz : sixty-five males, and ninety-three females, have been admitted since.

There have been dismissed, during the year, one hundred and forty patients, viz : sixty-six males, and seventy-four females. The event of cases in those dismissed was as follows, as nearly as can be determined. There were recovered sixty-eight ; much improved, eight ; improved, twelve ; not improved, twenty-nine ; died, nineteen, viz : ten of old age ; one of paralysis and epilepsy ; three of pulmonary consumption ; four of debility or exhaustion ; one by suicide ; one of cerebral disease.

There now remain in the Asylum, one hundred and fifty-two patients, viz : seventy-five males, and seventy-seven females.

It is a source of much satisfaction to the Physician and Superintendent of the Asylum, in the discharge of his annual duty of reporting the results and state of the institution confided to his direction, to be able to say that every

thing in this department has proceeded in as uniform and uninterrupted a general tenor of prosperity as during the preceding years of its history. In its curative and ameliorating results, as far as he is the proper judge, no decline has occurred; no considerable sickness has existed; and its mortality has been principally confined to the class of epileptic and paralytic sufferers, who of late years have sought a residence here, with no hope or expectation of the institution being aught to them except an *asylum*. As was anticipated in former Reports, the institution is prepared for a considerable annual mortality from this hopeless class of inmates for each succeeding year. The forms of death recorded in the synopsis of results just given, render any explanation of a relatively large bill of mortality, as compared with the earlier years of the present Superintendent's charge, entirely unnecessary.

By the register, an abstract of which is given above, in its simplest and most truthful form, avoiding, as heretofore, any prolix tables of estimates and proportions, it is found that a greater number of patients have received aid than during any previous year. The average number has been about one hundred and forty-five, and at one period during the summer no less than one hundred and sixty-five names were borne on its list.

This great increase of its usual numbers over the hitherto estimated capacity of its accommodations, was met in part by appropriating rooms before occupied for billiards and other less urgent uses, for dormitories, and in part by encroaching somewhat upon the accommodations of the assistants.

For the first time, we have, during the past year, been obliged to decline applications for admission. These were usually from a distance, and were referred to other institutions of greater proximity to the sufferer.

While it is with reluctance that we refuse to receive any persons seeking for aid, the great inconvenience and injury resulting from overcrowding an institution of so definite a capacity as an insane hospital may occasionally render such a course unavoidable. All the space capable of

being pressed into service, to give adequate and suitable rooms for patients, has been finished off, so that those gradual improvements, which have raised the maximum number from 130 to above 150, can be carried no further, unless new buildings are erected.

The question is often asked by those interested in this institution, and in the cause of the insane generally, whether any further extension of this establishment may be expedient. My own views, as intimated in the Reports of former years, are strongly adverse to any plan of considerable additions. When we consider the sudden and astonishing augmentation of accommodations for the insane on every side, amounting within the last half dozen years to provision for as many hundreds within a day's journey of us, it appears far from certain, and perhaps hardly probable, that there will be more applicants for admission into this institution than can be received, except perhaps occasionally for short periods. The local position of the asylum, and the character of a majority of those who seek its aid, must necessarily prevent its prices from being so low as to render it attractive from extreme cheapness.

And even were it certain that the increase of applications would continue as heretofore, it may still be questioned, if an institution, situated as this has been for several years past, could have the number of its inmates much increased without infringing too much upon its present system of minute attention to each member of its household.

In this asylum, a large proportion of the inmates are from those classes in society whose artificial wants are many. They have been accustomed to a thousand minor comforts and attentions, which they peculiarly need when their minds are enfeebled by disease. To provide for these, demands more care than is required to provide for their physical wants. Under these circumstances, it is certainly proper to recommend great caution in adding much to the aggregate of numbers.

The enlightened metropolitan commissioners, charged

under an act of the British Parliament with the entire supervision and control of the insane institutions of that kingdom, in their late Report, embodying a great amount of experience and wisdom, express a strong conviction that it is inexpedient to provide for a greater number of patients than two hundred and fifty in a single institution.

If this is a just and wise conclusion from their extensive observation of the classes of pauper lunatics, it would corroborate the views formerly presented to you, that a household not exceeding our present average, constitutes the most satisfactory number for an asylum like this—giving every advantage of that classification of diseases, dispositions and manners which secures the most comfort, and that mutual attrition of mind upon mind which is so beneficial; and at the same time permits one head to acquire and retain that intimate personal knowledge of each case, in all its history and relations, which is so essential to the best application of moral and medical treatment.

No considerable changes in the general system pursued here have been found expedient. Every effort has been made to keep up the facilities for treating patients to the highest practicable limit. The attempt to bring the furniture and ordinary comforts to a much higher standard than heretofore existed, which was alluded to in the Report of last year, has been found unobjectionable, and has been extended. It is confidently believed, that in an institution fully provided with attendants, there may be afforded to all, except a few highly excited or mischievous inmates, every comfort and every luxury to which they may have been accustomed at home.

It has also been an object constantly kept in view, to reduce the restraints upon the volition and the feelings, as well as the actual personal restraints, to the lowest degree compatible with the patient's welfare. We have, as intimated in former Reports, no ultra or exclusive views as to the entire disuse of apparatus to abridge the muscular movements of the highly excited. During the last three quarters of the year, (a memorandum having been kept enables

me to state the fact,) it has been judged proper to use, on the male side of the house, a single restraining measure, that of the muff to the hands of a patient disposed to destroy his eyes; and some form of restraint, in a few instances, on the other side of the house, for reasons deemed imperative. That "restraints" in these few cases might have been avoided by the substitution of hands, is probable, but it is difficult to appreciate the advantage of such painful, irritating and less secure substitutes, as an universal rule. No reason is yet seen for cutting an institution off from the proper employment of measures occasionally valuable, by a dogmatic adherence to any ultra or exclusive rules, such as may, in other countries, have become popular, if not expedient, in consequence of an honestly generated popular prejudice against "restraints."

In all cases, except a few of the kind above referred to, the ability of an institution safely to dispense with restraints of all kinds will depend principally upon its means of employing and educating an adequate number of good attendants.

Our reliance has been mainly upon the aid of as many assistants as could be well employed. Feeling always that we had a *carte blanche* from your Board to employ any needed aid of this sort, our intention is, that the substitution of mechanical for human guarding, shall be a rare exception to the general rule.

The present number of competent assistants in the immediate care and constant presence of the patients, is not less than twenty-five, exclusive of course of the number otherwise engaged. With such a force as this, I doubt not that in some years its register may show a clear page as regards the use of restraining apparatus or coercive administration of food; in other years, it is equally believed that the highest exercise of skill and humanity might sanction occasional departures from the general rule.

The past year has been one of much gratification, as regards the character and results of cases, with reference to our ability to aid in recovery or to palliate, and also of al-

most entire freedom from any painful circumstance in the intercourse of the Institution with those interested in its inmates. Instead of being obliged to complain of undue delay in placing a large portion of recently attacked cases under care, we have often felt the conviction that friends parted too soon with their charge, to allow them to appreciate the amount of labor, patience and expense, which may be required for the restoration of such patients. Each year, too, diminishes what was formerly one of the sorest trials to which the directors of an institution like ours are subjected; a trial often alluded to in the reports of my predecessors and myself in years passed. This was the disposition on the part of friends to experiment,—to feel and act under the conviction that the diseased changes of months and years could be cured, and soundness restored in days and weeks. In the almost universal willingness, (when pecuniary inability does not interfere) to persevere as long as any fair prospect can be held out, and to coöperate with the Institution, we see the gradual progress of public information upon this subject, and of that public confidence, which, in the lapse of time, follows well planned and faithfully pursued measures. The high character of the medical profession of this Commonwealth, and the generous confidence with which they have sustained its public institutions for the relief of sufferers, ought not to be overlooked in estimating the increased ability of insane asylums to accomplish the objects for which they were instituted. The influence of the medical profession has done much to produce a general disposition to subject insane patients promptly to hospital treatment, and to continue them a sufficient time under such treatment. During the last year we have had but very few instances of insufficient trial. In 1838, I was compelled to report to you no less than twenty-one cases which were prematurely abandoned or removed elsewhere. This circumstance, of late, only occurs when insufficient means on the part of friends leave no other alternative, and it has rarely happened, after friends have done their part in com-

mencing the progress of relief, that the condition of the finances of the Institution has not justified a continuance of treatment, with little burden to them, until the event has been determined.

It is a common circumstance for the friends of patients of wealth to give the Asylum a most generous remuneration for its care ; a still larger class would be unwilling to receive its benefits without an equivalent not varying much from the average cost to each inmate ; others, again, have not the ability to do much, or even any thing in a protracted case. It has been in the power of the Institution, to aid, under your direction, a class of beneficiaries of this latter description to the number of thirty, whose rate, after their necessities have been met, has averaged only one dollar and a half per week.

Most of those assisted have been such as would not think of receiving aid under any other circumstances than where the loss of reason existed. It is believed that the aid thus extended has accomplished great good and with the least wound to the self-respect of the recipient.

I am so well convinced of the generally just views which prevail in New England, in regard to insanity and institutions for the insane, that I am unwilling to trespass upon your Board or the public with accounts of the system pursued at this Asylum, or with more general details of the importance of hospital treatment ; of early subjection to it ; of perseverance in curative measures ; of separation from old associations of persons and places ; of various moral, physical and medical aids, classification, amusements, exercise, employment, kind and refined attendants and all the thousand details which belong to the science and art of curing and relieving the insane. Years ago these details were interesting because new, and striking because opposed to the common notions and prejudices on this subject. Now they have been so often presented to the public, by publications from this and other institutions and other sources, that it may be safely

presumed that nothing new can be said respecting principles and nothing new need be said respecting details.

While there has been so much progress made in the immediate management of the insane, and the hospitals for their aid, it is gratifying to know that far more just and humane views have gradually been instilled into the public mind, in regard to the relations of the insane to the law, and the responsibilities of government toward them as a class. Every year marks progress in legislation, and every judicial investigation indicates an application of law in a manner more consonant with the principles of science. To any who may hereafter recur to the Reports of this early founded institution, as showing the progressive advance in the provision for, and protection of the insane in all their relations, it is due to put upon record the decided step which the last Legislature of our Commonwealth made towards fixing more discriminatingly the boundaries between guilt and irresponsibility, by the constitution of a Board of Commissioners charged with the duty of investigating the mental condition of convicts suspected to be insane. The sad deficiencies of our judicial system, as regards the determination of the fact of insanity in doubtful cases, were briefly referred to in the last Annual Report. It is believed that the facts connected with the investigations and results of the commission already established, may justify an extension of the principle thus admitted, and the appointment of skilful and experienced commissioners to be entrusted with the duty of inquiring into the responsibility of accused persons whose sanity is doubted, before trial, while the evidences of mental condition are still existing and unchanged.

In casting an eye over the great field of benevolence in which this Institution is engaged, the prospect is truly noble and encouraging. In our own land, new institutions are arising in which liberality, zeal and intelligence are combined and emulously striving to surpass those already established, in the wisdom of their provisions and the amount of their facilities; while those which have

been long established are anxious to make continual progress, and to add to their means the experience of all countries; an enlightened humanity is providing proper care for the rejected insane of the lowest rank in the intellectual and social scale; the personal exertions and sacrifices of philanthropists, of both sexes, are felt in new impulses of private benevolence, and new enactments of legislatures. The diminution of the deep-rooted, morbid prejudice respecting insanity, and of the unsound views of its nature, which formerly prevailed, and its recognition as a common physical malady, involved in neither mystery nor disgrace, mark this better era. Last, and perhaps not least among the propitious circumstances attending the insane in our land, are the friendly coöperation and honorable confidence amongst those called to the direction of our public institutions, manifested in their free communication with each other, particularly in the arrangements which have been made for meetings of the "Association of Medical Superintendents of the American Institutions for the Insane."

In other countries, a new and energetic spirit seems to be awakened, which will not rest until ancient abuses are done away. In Great Britain, the aroused attention of the Imperial Parliament to this subject; the wise and thorough inspection exercised by the great commission of Lunacy; the honorable, though perhaps too indiscriminate and exclusive efforts to do away with personal restraints; and, as a necessary concomitant, to elevate the class of those entrusted with the immediate care of the insane; the growing, perhaps already decisive, manifestation of an intelligent public sentiment against committing those bereft of reason into the hands of uninspected and interested private individuals, are all worthy of being observed, as presaging a better day for the insane of that country, and furnishing newer communities with means of avoiding the wrongs and difficulties which for ages appear especially to have there surrounded that unfortunate class.

While so much has been done and is doing for the cure, the relief and the legal protection of the insane, may it not be hoped that the still more important subject of the prevention of the disease may awaken more attention than appears yet to have been awarded to it ; that a more careful and philosophical cultivation of the intellect, the moral powers and the affections may guard the constitutionally predisposed from those ill-balanced conditions of mind and misproportions of character, which so often precede positive alienation, and that the education of the feelings, the temper, and self-control of the young may be so directed that physical disorder shall not so often find the reason ready for overthrow.

In commencing my ninth year in your service, I feel bound, not from regard to form but to my feelings, to testify to the ability, the harmony and the warm interest with which my various associates in duty have coöperated in giving full efficiency to every department of the Institution.

LUTHER V. BELL,

Physician and Superintendent.

McLean Asylum for the Insane,

SOMERVILLE, Jan. 1, 1845.

REPORT

OF THE

STEWARD OF THE McLEAN ASYLUM FOR THE INSANE,
FOR THE YEAR 1844.

The following are the balances of the several accounts :

Stores,	-	-	-	-	-	\$10,367 90
Fuel,	-	-	-	-	-	1,580 88
Stationery,	-	-	-	-	-	40 54
Wages,	-	-	-	-	-	4,597 54
Medicine,	-	-	-	-	-	279 79
Contingencies,	-	-	-	-	-	838 56
Furniture,	-	-	-	-	-	1,608 55
Repairs,	-	-	-	-	-	2,462 73
Improvements,	-	-	-	-	-	260 27
Diversions,	-	-	-	-	-	1,076 30
Abatement,	-	-	-	-	-	567 84
Library,	-	-	-	-	-	111 67
						\$23,792 57
Deduct Farm, Garden, &c.				899 39		
Abatement,	-			567 84		1,467 23
						\$22,325 34
Add Salaries,	-	-	-	-	-	4,100 00
						\$26,425 34

COLUMBUS TYLER, *Steward.*

McLean Asylum,
Somerville, Jan. 1, 1845.

APPENDIX.

DIRECTIONS FOR THE ADMISSION OF PATIENTS.

Applications for the admission of patients to the McLean Asylum for the Insane, may be made to either of the Trustees of the Massachusetts General Hospital, or to Dr. BELL, Physician and Superintendent, at the Asylum in Somerville, a mile and a half from the City of Boston. If the application is made by letter, it should be directed to him through the Post Office at Somerville.

By a recent vote of the Trustees, the lowest rate for patients, without reference to the fact whether they are or are not residents of Massachusetts, is fixed at three dollars per week. Where the pecuniary ability is such as to make a higher rate fair and equitable, it is proportionably increased.

The blank forms requisite for admission will be furnished on application as above. They consist of a certificate from a regular physician that the patient is insane, a request for admission signed by the nearest relative or guardian, a bond with conditions to pay the rate fixed, to remove the patient when discharged, &c. &c., to be signed by one responsible person as principal, and another as guarantee. Evidence of such responsibility from strangers is expected.

Patients are not received for a shorter period than three months, unless sooner recovered, in which event they are charged only for actual residence.

It is also considered as a part of the covenant, that patients are to be visited only at the discretion of the Superintendent, because visits of friends occasionally do great mischief to curable patients, and if repeated at pleasure, destroy all chance of recovery. Patients whose residence is merely custodial, are always allowed to be visited by near friends, or such other persons as can with propriety desire to see them.

As the Asylum is usually full, or nearly so, it is desirable that some notice should be given of the intention to place patients under its care, previously to their being sent from home. This, however, is not necessary in the case of patients recently seized, where every week's delay is of high importance.

By a regulation of the Trustees, no visits to the Asylum are permitted on Sundays. It would also be a great convenience to the Superintendent, if calls to see and inquire respecting patients were made, as far as practicable, on the afternoons of Wednesday and Saturday.

OFFICERS OF THE INSTITUTION.

1845.

WILLIAM APPLETON, *President.*
JONATHAN PHILLIPS, *Vice-President.*
HENRY ANDREWS, *Treasurer.*
MARCUS MORTON, JR., *Secretary.*

TRUSTEES.

CHARLES AMORY,	<i>Over New England Bank.</i>
WILLIAM T. ANDREWS,	<i>No. 10 Central Court.</i>
NATHANIEL I. BOWDITCH,	<i>Over Suffolk Bank.</i>
GEORGE M. DEXTER,	<i>No. 11½ Tremont Row.</i>
HENRY EDWARDS,	<i>No. 50 Milk Street.</i>
ROBERT HOOPER,	<i>No. 39 Commercial Wharf.</i>
THOMAS LAMB,	<i>Washington Ins. Co. State St.</i>
FRANCIS C. LOWELL,	<i>No. 7 Broad Street.</i>
JOHN A. LOWELL,	<i>No. 3 Oliver Street.</i>
HENRY B. ROGERS,	<i>No. 39 Court Street.</i>
CHARLES S. STORROW,	<i>Lowell Rail Road Depot.</i>
EDWARD WIGGLESWORTH,	<i>No. 16 India Wharf.</i>

Consulting Physicians.

JAMES JACKSON, M. D. GEORGE C. SHATTUCK, M. D.
JOHN HOMANS, M. D. JOSEPH ROBY, M. D.

Consulting Surgeons.

JOHN JEFFRIES, M. D. ABEL L. PEIRSON, M. D. EDWARD
REYNOLDS, M. D. OLIVER W. HOLMES, M. D.

OFFICERS OF THE HOSPITAL.

JOHN M. GOODWIN, *Superintendent.*

JACOB BIGELOW, M. D.

ENOCH HALE, M. D.

JOHN B. S. JACKSON, M. D.

JOHN C. WARREN, M. D.

GEORGE HAYWARD, M. D.

SOLOMON D. TOWNSEND, M. D.

} *Visiting Physicians.*

} *Visiting Surgeons.*

HENRY I. BOWDITCH, M. D. *Assistant Physician.*

HENRY A. BARRETT, *House Physician.*

GEORGE H. GAY, *House Surgeon.*

MORTIMER B. TAPPAN, *Apothecary.*

OFFICERS OF THE McLEAN ASYLUM.

LUTHER V. BELL, M. D. *Physician and Superintendent.*

CHAUNCEY BOOTH, JR. M. D. *Assistant Physician and Apothecary.*

COLUMBUS TYLER, *Steward.*

MRS. MARY E. TYLER, *Matron.*

HOMER GOODHUE, *Male Supervisor.*

MISS RELIEF R. BARBER, *Female Supervisor.*

VISITING COMMITTEES

FOR

1845--6.

February, - - - -	Messrs. AMORY and F. C. LOWELL.
March, - - - - -	" F. C. and J. A. LOWELL.
April, - - - - -	" J. A. LOWELL and ROGERS.
May, - - - - -	" ROGERS and HOOPER.
June, - - - - -	" HOOPER and BOWDITCH.
July, - - - - -	" BOWDITCH and ANDREWS.
August, - - - - -	" ANDREWS and LAMB.
September, - - -	" LAMB and STORROW.
October, - - - - -	" STORROW and EDWARDS.
November, - - - -	" EDWARDS and WIGGLESWORTH.
December, - - - -	" WIGGLESWORTH and DEXTER.
January, - - - - -	" DEXTER and AMORY.

ANNUAL REPORT

OF THE

BOARD OF TRUSTEES

OF THE

MASSACHUSETTS

GENERAL HOSPITAL,

FOR THE YEAR

1845.

BOSTON:

1846.

EASTBURN'S PRESS.

ANNUAL REPORT

OF THE

BOARD OF TRUSTEES

OF THE

MASSACHUSETTS

GENERAL HOSPITAL,

FOR THE YEAR

1845.

~~~~~  
BOSTON:

1846.

EASTBURN'S PRESS.





REPORT  
OF THE  
BOARD OF TRUSTEES  
OF  
THE MASSACHUSETTS GENERAL HOSPITAL,

PRESENTED TO  
THE CORPORATION, AT THEIR ANNUAL MEETING,

JANUARY, 1846.

THE Committee of the Trustees of the Massachusetts General Hospital, appointed to examine into the financial affairs of the Institution, as shown by the Treasurer's books and vouchers, and also to lay before the Corporation a statement of its general condition, as it appears by the records of the Superintendents of the Hospital, and of the Asylum for the Insane, and from their own personal observation, respectfully present the following report.

The Treasurer's account current for the year ending December 31, 1845, which is herewith presented, has been carefully examined by the Committee, and found to be correctly cast and properly vouched. The present amount of the property of the Institution, exclusive of the grounds and buildings, is \$238,369 91, as shown by the schedule which is also presented herewith. All of this, with the exception of a balance in cash of \$15,383 18, is well invested, and rated at its fair value, and the evidences



of the same have all been examined by the Committee. A part of the amount consists of the unexpended balance of the sum subscribed for the enlargement of the Hospital in Allen street, and will be absorbed in the completion and furnishing of the two new wings. The generous spirit manifested by our community, in a subscription of over sixty thousand dollars for that purpose, was so far from being exhausted, that the Trustees have again to present their acknowledgements for an instance of individual liberality, well nigh approaching it in magnitude. The most prominent item in the schedule, which does not appear in that of the preceding year, is the sum of forty thousand dollars, the munificent bequest of the late Daniel Waldo, Esq., of Worcester, which has lately been received from John Tappan, Esq., one of his executors.

The receipts of the Institution from various sources, during the past year, have somewhat exceeded its expenses, much of the income having been derived from a dividend of extra profits paid by the Massachusetts Hospital Life Insurance Company. The current expenses, however, will in future be very much increased, as the enlargement of the Hospital, when completed, will enable us to receive nearly three times the present number of patients.

Col. John M. Goodwin, who for many years past had filled the office of Superintendent of the Hospital, died in November last, after a short and severe illness. The Trustees take this occasion to bear testimony to the fidelity and devotion to the interests of the Hospital, which he manifested throughout the period of his connection with it. During his illness his place was temporarily supplied by Dr. Holman, the house apothecary, and it has since been permanently filled by the appointment of Capt. Richard Girdler, who entered upon his duties on the first day of December last. By this appointment the Trustees, to some of whom he has long been known, believe that they have secured the services of a gentleman per-

fectly qualified, by his zeal and ability, to promote the welfare of the Institution.

The Report of Capt. Girdler, which embraces the whole year, that of Dr. Bell, Superintendent and Physician of the McLean Asylum, and also the Report of Mr. Tyler, the Steward of the same, exhibiting the balances of his several accounts, are herewith presented.

From the Report of Capt. Girdler, it appears that in the year 1845, there were admitted into the Hospital 453 patients, of whom 289 were males and 164 females. Of this number 205 were discharged well, and 130 more or less relieved. The proportion of deaths to the whole number of results was one in twelve.

There were 62 cases of admission after recent accidents.

The average number of patients was 30 males and 26 females, total 56. Of these the average number of paying patients was 22, and of free patients 34.

The expenses of the Hospital amounted to \$16,090 73, which is \$2,926 30 more than in the year 1844. Of this excess, about \$400 were for furniture and \$800 for medicine, including a thorough refitting of the apothecary's shop. The remainder is principally accounted for by the increased cost of fuel and provisions, and by some addition to the number of attendants which circumstances rendered necessary.

The average weekly expenses for each patient in 1845, was \$5 52.

The Report of Dr. Bell gives a highly satisfactory account of the state of the Asylum for the Insane. It has been filled to the extent of its capacity ; and in the relief which it is constantly giving to that interesting class of patients and to their friends, we believe that it is fully accomplishing the benevolent purpose of its founders and patrons.

The average number of patients during the past year, has been very nearly one hundred and fifty ; one hundred



and nineteen were admitted, and one hundred and twenty discharged. Of the latter number seventy-four had recovered, thirteen died, and thirty-three were removed by their friends, in various stages of disease or convalescence, and after various periods of residence, from many years to a single day.

The expenses of the Asylum, as appears by the statement of Mr. Tyler, were \$26,104 85, which is very nearly the same amount as in the year preceding.

The enlargement of the Hospital in Allen street, though not completed, is in a state of great forwardness. The West wing will probably be ready for occupancy in about a month. The East wing is finished externally, and the in door work is now in progress. The furniture of both wings has been ordered, and will probably be in readiness as soon as needed.

An increase in the number of medical and surgical officers attached to the Institution, will be rendered necessary by its increased extent; and this subject, together with some changes in the general rules and regulations, required for the same reason, is now receiving the earnest attention of the Trustees.

All which is respectfully submitted.

CHARLES S. STORROW, } Committee.  
CHARLES AMORY, }

*Boston, January, 1846.*

# REPORT

OF THE

SUPERINTENDENT OF THE HOSPITAL IN ALLEN STREET,  
BOSTON, FOR THE YEAR 1845.

*Admitted to the Massachusetts General Hospital, from  
January 1, 1845, to January 1, 1846.*

|                                | Males. | Females. | Total. |
|--------------------------------|--------|----------|--------|
| Patients paying board, - - - - | 134    | 42       | 176    |
| do. do. part of time, - - - -  | 4      | 8        | 12     |
| do. entirely free, - - - -     | 151    | 114      | 265    |
|                                | <hr/>  | <hr/>    | <hr/>  |
|                                | 289    | 164      | 453    |

Of these 136 paid \$3; 21 paid \$4; 25 paid \$6; 5 paid \$10; 1 paid \$12; total, 188.

*Discharged during the year.*

|                          | Males. | Females. | Total. |
|--------------------------|--------|----------|--------|
| Well, - - - - -          | 129    | 76       | 205    |
| Much relieved, - - - - - | 34     | 27       | 61     |
| Relieved, - - - - -      | 44     | 25       | 69     |
| Not relieved, - - - - -  | 20     | 17       | 37     |
| Not treated, - - - - -   | 13     | 7        | 20     |
| Eloped, - - - - -        | 1      | 1        | 2      |
| Unfit, - - - - -         | 6      | 0        | 6      |
| Dead, - - - - -          | 38     | 16       | 54     |
|                          | <hr/>  | <hr/>    | <hr/>  |
|                          | 285    | 169      | 454    |

Proportion of deaths to the whole number of results,  
1 in 12.



Greatest number of patients at any one visit in private rooms, 8; greatest number of paying patients 34; of free patients, 44; greatest total, 72; least number in private rooms, 2; least paying, 11; free, 26; least total, 37. Number of accidents admitted during the year, 62; many of which proved fatal.

Average number of patients, 30 males, 26 females; total, 56. Average number of paying patients, 15 American and 7 Foreign; total, 22.

Greatest number of paying patients, 17 American and 17 Foreign.

Least number paying patients, 6 American and 5 Foreign.

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*Analysis of Patients.*

|        |                            |   |   | Pay. | Free. | Part of<br>time<br>paying. |
|--------|----------------------------|---|---|------|-------|----------------------------|
| Males— | Mechanics,                 | - | - | 41   | 50    |                            |
|        | Laborers, -                | - | - | 16   | 39    | 1                          |
|        | Farmers, -                 | - | - | 15   | 10    | 1                          |
|        | Mariners, -                | - | - | 17   | 9     |                            |
|        | Traders, -                 | - | - | 12   | 2     |                            |
|        | Clerks, -                  | - | - | 9    | 4     |                            |
|        | Minors, -                  | - | - | 7    | 18    |                            |
|        | Students, -                | - | - | 4    | 2     |                            |
|        | Clergymen, -               | - | - | 2    | 1     |                            |
|        | Army and Naval Officers, - | - | - | 4    |       |                            |
|        | Domestics, -               | - | - | 1    | 4     |                            |
|        | Teamsters, -               | - | - | 5    | 4     |                            |
|        | Coachmen, -                | - | - |      | 1     |                            |
|        | Teachers, -                | - | - | 1    | 2     |                            |
|        | Physicians, -              | - | - | 3    |       |                            |
|        |                            |   |   | 137  | 146   | 2                          |

Total Males, 285. Of this number, 48 were in private rooms

|                            | Pay.     | Free.     | Part of<br>time<br>paying. |
|----------------------------|----------|-----------|----------------------------|
| Females—Domestics, - - - - | 14       | 62        |                            |
| Spinsters, - - - -         | 6        | 5         |                            |
| Wives, - - - -             | 15       | 15        | 2                          |
| Widows, - - - -            | 4        | 7         |                            |
| Nurses - - - -             | 1        | 2         |                            |
| Cooks, - - - -             | 1        | 3         |                            |
| Seamstresses, - - - -      | 3        | 8         |                            |
| Factory Girls, - - - -     | 1        | 1         |                            |
| Teachers, - - - -          | 2        | 2         |                            |
| Minors, - - - -            | 2        | 12        |                            |
|                            | <hr/> 49 | <hr/> 117 | <hr/> 2                    |

Total females, 168. Of these, 4 were in private rooms.

One-quarter of the free patients were female domestics, one seventh were male laborers, all of whom, except 7, were Irish.

Average time of ward paying patients, is 5 4-7 weeks, and of free patients, 6 6-7 weeks.

Proportion of Ward beds occupied by free patients, a fraction less than two to one.

#### *Annual Expenses for 1845.*

|                        |             |
|------------------------|-------------|
| Stores, - - - -        | \$5,383 09  |
| Contingencies, - - - - | 68 78       |
| Wages, - - - -         | 4,131 05    |
| Fuel, - - - -          | 1,866 01    |
| Furniture, - - - -     | 1,170 94    |
| Medicine, - - - -      | 2,051 81    |
| Repairs, - - - -       | 477 78      |
| Stationery, - - - -    | 69 27       |
| Grounds, - - - -       | 22 00       |
| Salaries, - - - -      | 850 00      |
|                        | <hr/>       |
|                        | \$16,090 73 |



The whole amount of board charged to all the patients during the year, was \$9,635 44; of this sum, there was charged to the Trustees for the board of free patients, \$5,924 65; and the balance, 3,710 79, has been received from paying patients.

If the gross amount of the annual expense be divided by the average number of patients, it will give \$5 52½ for the weekly expense of each patient.

RICHARD GIRDLER, *Superintendent.*

*To the Board of Trustees.*

Total females, 188. Of these, 1 were in private rooms. One-quarter of the free patients were female house-keepers, one seventh were male laborers, all of whom except 7, were Irish. Average time of ward paying patients is 5-6-7 weeks, and of free patients, 8-9-7 weeks. Proportion of ward beds occupied by free patients a fraction less than two to one.

| Annual Expenses for 1875 |             |
|--------------------------|-------------|
| Stores                   | \$2,363.08  |
| Contingencies            | 68.78       |
| Wages                    | 4,131.05    |
| Fuel                     | 1,566.01    |
| Furniture                | 1,170.91    |
| Medicine                 | 2,051.81    |
| Repairs                  | 577.78      |
| Stationery               | 69.27       |
| Gravels                  | 22.00       |
| Salaries                 | 820.00      |
|                          | <hr/>       |
|                          | \$16,090.73 |

TWENTY-EIGHTH  
ANNUAL REPORT

OF

THE PHYSICIAN AND SUPERINTENDENT

OF THE

MCLEAN ASYLUM FOR THE INSANE,

TO THE TRUSTEES

OF THE MASSACHUSETTS GENERAL HOSPITAL.

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THE Physician and Superintendent of the McLean Asylum for the Insane, has the honor, in conformity to the regulation, requiring him to lay before your Board, previously to each annual meeting, "a general view of the institution and of its results for the whole year," to submit the following Report.

The whole number of patients which has been under its care has been two hundred and seventy-one; one hundred and thirty-nine males, and one hundred and thirty-two females. Of these, one hundred and fifty-two, seventy-five males and seventy-seven females, were in the house at the expiration of the last year, and one hundred and nineteen, sixty-four males and fifty-five females have been admitted during the present.

One hundred and twenty patients, sixty-one males and fifty-nine females have been removed, leaving at the present period, one hundred and fifty-one inmates, seventy-eight of whom are males and seventy-three females.

Of those who have left the institution, thirty-nine males and thirty-five females, a total of seventy-four, have been considered as having regained their usual de-



gree of health of mind, or as is commonly expressed in reports of Insane Hospitals, have *recovered*, or been *cured*. Six, two males and four females, have undergone such decided change for the better, as to rank under our class of *much improved*; eight, four of each sex have made that lesser degree of progress known as *improvement* simply; eighteen, seven males and eleven females, have been removed without apparent benefit as far as restoration of mental soundness is regarded, and thirteen, nine males and four females, have deceased, mostly from chronic affections of many years standing. One female, laboring under typhoid fever has been entered on the register as *unfit*.

A more general recapitulation of results would be, that of one hundred and twenty patients discharged, seventy-four have recovered, thirteen have died and thirty-three have been removed by their friends, in accordance with their own views of convenience and expediency solely, in various degrees of change from being stationary to a most promising prospect of convalescence, and after various periods of residence, from many years, to a single day.

It may, perhaps, be proper to refer for the correct understanding of any who may not be acquainted with the constitution of the Asylum, to the well known fact, that so far as its admission and removal of patients are concerned, its character is that of a *private* institution. Patients are received and dismissed by the act of their own friends and relatives, without the intervention of judicial process, the rules of the General Hospital and the system of inspection established by its Charter, affording an entire guaranty against the possibility of its purposes being misused.

The extent of the operations of the Asylum during the past year has been to some degree limited by the amount of accommodations, the average number having been more than its apartments would conveniently receive.

The average household of patients, as determined by

the weekly record of the Visiting Committee has been for each month as follows: January, 152; February, 154; March, 158; April, 150; May, 148; June, 140; July, 145; August, 150; September, 147; October, 145; November, 149; December, 151, or during the entire year, a small fraction less than one hundred and fifty.

Having fully recognized in the experience of former years, before the latest enlargement of our accommodations, the fact which indeed is sufficiently obvious from the slightest reflection, that every patient beyond a complement, occasions a greater amount of inconvenience and drawback upon the comforts and benefits of the whole, than would be compensated for by the aid to any single individual, there has been no hesitation in giving other direction to applicants when the accommodations for the sex required were full.

Formerly, in the dearth of institutions, when the question was between receiving a patient notwithstanding the disadvantages to all of an over crowded house, or denying the privileges of hospital treatment to a case, perhaps eminently requiring it, there was a pressing motive to avoid refusing any application, and for years under this anxiety, our attendants were deprived of such personal accommodations as their arduous services demanded. Since, however, the accommodations for the insane in New England have been enlarged, to a greater or less degree of suitableness, sixfold at least, since our last extension was made, there really exists no apology for crowding an institution beyond its most advantageous limit.

Reasons urged in past years in the annual Reports, and more frequently and fully to individuals interested in the Asylum, and the cause of provision for the insane, continue to obtain in my judgment, against any greater aggregation of patients under my direction than the present number. While my views remain unchanged as to any extent of numbers, it is probable that your atten-



tion may at some early period be called to the expediency of providing for an "associated dormitory" for male patients, either by adding a third story to the building known as the Retreat, or by some other modification of the present buildings. The system of placing a certain small proportion of insane patients, especially the timid, the occasionally suicidal, the feeble, those giving way to excitement or to mischievous habits when solitary, but controlling themselves when in the presence of others and the like, in large well ventilated dormitories, with one or more attendants sleeping or watching, as circumstances may require, in the same apartment, has been widely adopted in institutions abroad of all grades of patients, and undoubtedly, carried to its proper proportion, has many advantages. For the last two years, the large and beautiful hall surmounted by the dome of the Belknap ward, has been applied to this purpose, as regards the female patients, and the experiment has proved fully successful.

As the regulations of your Board fortunately do not require any numerically arranged expressions of opinion, on the part of your Superintendent as to the phases, causes and other relations of disease, he does not feel that he would be adding either to exact science or valuable popular information, by endeavoring to force approximations of his own impressions or the vague opinions and often inconsistent recollections of friends, into the semblance of *mathematical data*.

The general tenor of affairs with us, has proceeded so much without incident or circumstance worthy of note, as to leave little to be communicated to you. While satisfied to allow what appears to be sufficiently well in moral and medical treatment, to go on smoothly and regularly without undue anxiety to make changes in matters of tried experience or hazard mere experiments, which often are calculated to attract some notoriety and interest at first, but in the end do not prove to be permanent improvements, the endeavor has been made not to stand still in

the march of improvement, but to keep a constant watch upon the great movements which have marked the last four or five years in Europe as regards the insane. Institutions with different classes of inmates, or under other differences of circumstances, require very various adaptation of means. Occupations, amusements, privileges, which might be very useful and valuable in one, are perhaps liable to insuperable objections in another.

The ready communication of modern days with the old world, has enabled a constant and friendly intercourse to be maintained with the heads of many of their insane institutions, where every aid of capital, talent, philanthropy and experience has been so lavishly provided of late, to carry the moral and medical treatment of insanity to its highest point. Indeed, it is manifest, that if we would hope to keep our institutions up to the recent level of those of England, France and Germany, it must be done by unremitting activity, by never resting satisfied with present attainments, and by keeping the community well advised of the absolute necessity of liberal means to meet this great end. No temporizing policy should conceal from it the fact, that hospitals for the insane with insufficient, ultra economical support must have a constant tendency to degenerate into *insane poor houses*.

Among modern attempts to improve the management of the insane in Great Britain, the disuse of all measures of muscular restraint, takes a prominent place and has in its various aspects and relations, been the topic of much valuable and much discreditable discussion in that country. My views in regard to the inexpediency of laying down the abolition of restraints of this description, as an invariable law in all institutions, and in a country, like ours, where no popular sentiment, originating in abuses demands such a course, have been fully presented in the Reports of former years. No reason has presented itself, as these measures have been matured and tested by time, for any essential change of opinion, although I am will-



ing to admit that it has been found expedient to make the exceptions to a general rule of this kind, far less numerous than formerly would have been believed practicable, in an institution having always a ratio of active cases so much greater than the foreign hospitals, and *in a country where the type of disease, on an average, is so much more intense than in Europe.*

Personal exchange of opinion with many of those abroad, who have identified themselves with this measure, has led to the conviction that the differences of views for and in opposition to the rule of non-restraint, have not been so wide and irreconcilable, as they would appear to be in a controversial contest, to an unimpassioned searcher for truth. No practical man there, would probably be found who would wish to go so far as to say, that there is no case in which muscular restraint might not be the wisest and kindest measure to be adopted. The sentiment appears to be rather this: *that the dangers of occasional unfortunate results from omitting restraints to the insane hitherto thought to require them, are less on the whole, than the objections to their use and the hazards of abuse, if employed by delegated authority, as must be the case in the extensive foreign hospitals, if they are used at all.*

Acting on this principle, and not from the belief, as would be supposed from the broad statements of some of the writers on this subject more controversial than practical, that under no circumstances restraint would be the wisest and kindest measure, the larger institutions of Great Britain have to a general degree, adopted non-restraint. The smaller and private institutions, under the same considerations, have not so generally acceded to the adoption of this as an absolute rule, although the trial and success of the measure have had a great influence on this class of Asylums.

In the last annual Report, the results of the efforts here to bring the use of restraining measures to a smaller limit

were presented. It was there stated that during the three quarters of the year, after a memorandum of the fact was entered upon, a single application of restraint was made on the male side of the house, viz., a muff to the hands of a man afflicted with a violent propensity to destroy his eyes, and in a few instances to females. During the present year, a continuance of the same memorandum, affords the gratifying information, that a single patient only has been placed under any restraint of this kind and that to guard against the hazard of self-destruction, which the ordinary means of watching by the presence of an attendant were not adequate to prevent. An epileptic young man, has, at times, sat in Dr. Rush's *tranquilizing* chair, (an arm chair with a board across the front,) to prevent sudden falls.

While thus able to present almost a clear page as regards restraining measures, I do not recede from the views formerly expressed of the inexpediency of a dogmatic or exclusive rule, especially if that rule is *to be known by patients as a law of the institution, and mischievous advantage taken of it*, which as I found, was a source of great inconvenience in the institutions of Great Britain. Yet I do not believe that the use of restraining measures to control the muscular movements of patients, in this institution will probably ever exceed two or three cases per annum.

Such an abolition of restraints as this, of course, involves a considerable increase of expense in providing attendants, as well as of destruction of clothing. But it ought not to be forgotten as one of the alleged and evidently natural results of it, that it arouses and matures the sagacity, patience and kindness of all in immediate charge of patients in interesting, occupying and calming them, and thus in preventing their giving way to acts of extravagance, frenzy or listless mischief. The attendant who knows that his labors and patience are not to be



relieved by restraints to the troublesome, has a before unknown stimulus to exertion.

I ought not to pass this important subject, without expressing my high sense of gratification that my wishes to dispense not only with restraining measures, but with every other coercive appliance formerly deemed indispensable, such for example, as the administration of food to patients intending starvation from suicidal propensity or delusion, have been so fully and perseveringly seconded by the respective Supervisors of the male and female departments, Mr. Goodhue and Miss Barber. Upon them, as charged with the immediate duties connected with the care and minute moral management devolves of course, much of the labor of effecting such results as these. Without such coöperation these improvements could not have been maintained. With regard to this latter anxious item in the cares of an Asylum for the insane, I have almost arrived at an opinion of Sir William Ellis, formerly regarded as hyperbolical, in his work on insanity, that there exists no case of voluntary abstinence from food which cannot be overcome by moral measures. A few cases of conscientious delusion in martyr-like spirits, must still be excepted.

While a reference to the register of the Asylum shows that the general ratio of all cases recovered has not probably in any previous year exceeded the present, we are satisfied that our means of treatment as regards difficult and chronic cases, have never before afforded so successful a result. While fully aware of the hazard of viewing simple coincidences as actual consequences, and making due allowance for those advantages which even the worst improved experience could not wholly avoid, I cannot resist the impression that we owe much in recent success to the abundant and progressive addition of what may be called minor means, to those formerly thought as complete as the nature of a hospital for the insane would permit, without risk of injury or wanton increase of ex-

pense. I refer especially to the introduction of all those items of household comfort and luxury, to which the patient may have been accustomed at home, such as better furniture, more extensive means of riding, more books, periodicals, &c. to all capable of enjoying them. The safety of more expensive furnishings was illustrated last year. Our experience still shows that carpets, curtains, paper hangings, pictures, &c. are as safe as far as three quarters of the female patients are concerned, as in a private house, and that no additional expense has accrued from mischievous or accidental destruction of these than of the usual coarse and strong articles.

In a curative point of view, an attention to these matters which some might have regarded as fastidious or exaggerated, has been well rewarded. It is true, that provision of articles of mere elegance, will not compensate for the absence of competent medical and moral direction, —of suitable architectural means of classification and inspection, or of intelligent, friendly and faithful attendants and nurses. Having these in an abundance only measured by the extent to which they can be advantageously employed, as indispensable, we are then able to appreciate the value of other auxiliary means, more especially in the treatment of difficult and chronic cases. A certain class of patients, suffering under disease the most prominent feature of which is high excitement and of recent duration, if early subjected to almost any place of safe keeping and removed from all external sources of irritation, recover spontaneously from the efforts of the constitution; —other individuals again are constitutionally or habitually unobserving of and indifferent to minor surrounding accidents of their position, so that if kept in the plainest and least expensive manner, as much may be done for them as if boundless cost was lavished upon them.

But there is still another large class of inmates and these often the most valuable to their families and to society, the most refined, and most calculated to awaken



the warmest sympathies, especially females accustomed at some or every period of their lives to the enjoyment of the highest order of comforts, to whom their absence is a perpetually operating source of irritation, uneasiness and wounded self esteem, calculated to prejudice the hope of recovery, or if their residence be custodial merely, to maintain a state of the feelings most unpropitious to that maximum of happiness as much the end of an Asylum to them, as cure to the curable.

If the masculine mind of the philosopher or the man of the world, as experience shows us is so often true, in slight bodily indisposition, be unable calmly to bear the removal of accustomed conveniences and luxurious comforts and is the victim of restlessness, peevishness and fretfulness, less easy to be reduced under the dominion of the judgment and the will, than the effect of absolutely considerable misfortunes, what ought to be expected of the nervously afflicted invalid, with morbidly intense irritability and diminished control of reason over feeling; of the female patient, whose world, in an inability like the other sex, to look abroad for objects of excitement and occupation, has necessarily been much confined within the limits of her parlor and chamber, under any addition of irritation from deprivation of accustomed objects of comfort or even luxury?

In diseases whose pathology is so obscure, whose medical treatment is so uncertain and unfixed as those of which insanity is the prominent symptom, while the moral treatment is universally agreed upon, nothing however insignificant of what is sure, ought to be overlooked or neglected. In establishing a hospital for the insane, we select a site where nature presents herself in her most pleasing aspect;—where cultivation and the arts bring their aid, so that mingled repose and activity shall calm the excited, divert the deluded and arouse the apathetic;—where nothing dark, repulsive or monotonous shall furnish food or allow space for the operations of morbid and

perverted sensibilities. We conceal with great cost and care, as far as possible, every appearance of the restraints which some forms of disease may render indispensable;—we classify together those whose mutual influences and hourly attrition will excite pleasing and healthy emotions in each other's minds;—we surround them with attendants, not merely faithful, but intelligent and amiable. Why all this? because experience has shown that without the gradual, continuous aid of these numerous circumstances, in all chronic forms, the means and appliances of the pharmacopeia are powerless.

In concluding this annual record, marking as it does one of those swiftly passing periods, so minute in the age of an institution, but so wide in the little section of middle life, alone equal to duties like these, I shall be pardoned for my never omitted, because never forgotten tribute of gratitude and confidence towards those associated with me, in this arduous and responsible field. Now on this tenth year of my connexion with the Asylum, I look back with pleasure upon a harmony with the excellent Steward and Matron, never interrupted for a moment of this period, having enjoyed in their faithful discharge of the many duties connected with the financial and domestic arrangements of this large household, with wants multifarious and requiring the utmost discrimination, not more assistance than in their still longer experience, sympathy and judgment in all points connected with the insane and the friends interested in them. I recognise, too the same Supervisors who were associated with my predecessor, whose coöperation in all things I can pay no higher tribute to, than I have just done in a single point. With such adjuvants as these, with an immediate medical assistant, selected some years since for his tried fitness in other respectable institutions of the kind, fully verified here, with your constant support and countenance, as well as your never declined provision of every means, regardless of cost, which would enable the ends of the institu-



tion to be carried onward to a higher point, with all deserved approbation of the profession and the community, I have ever felt that no ordinary responsibilities rested upon me as the administrator of such extensive opportunities of good to the insane. No one could have felt more overpoweringly than I have, the need of an intellectual vigor and discrimination which should never collapse, physical strength and health which should never flag, and a faith which should never fail, to sustain a post like this.

LUTHER V. BELL,

*Physician and Superintendent.*

MCLEAN ASYLUM FOR THE INSANE, }  
Somerville, January 1, 1846. }

# REPORT

OF THE

STEWARD OF THE McLEAN ASYLUM FOR THE INSANE,  
FOR THE YEAR 1845.

The following are balances of the several accounts:

|                                    |                    |
|------------------------------------|--------------------|
| Stores, - - - - -                  | \$11,159 67        |
| Fuel, - - - - -                    | 1,137 63           |
| Stationery, - - - - -              | 75 50              |
| Wages, - - - - -                   | 4,514 11           |
| Medicine, - - - - -                | 322 62             |
| Contingencies, - - - - -           | 651 14             |
| Furniture, - - - - -               | 1,989 25           |
| Repairs, - - - - -                 | 1,252 02           |
| Improvements, - - - - -            | 1,034 77           |
| Diversions, - - - - -              | 1,344 61           |
| Library, - - - - -                 | 135 33             |
|                                    | <hr/>              |
|                                    | \$23,616 65        |
| Deduct Farm, Garden, &c. - - - - - | 1,211 80           |
|                                    | <hr/>              |
|                                    | \$22,404 85        |
| Add Salaries, - - - - -            | 3,700 00           |
|                                    | <hr/>              |
|                                    | <u>\$26,104 85</u> |

COLUMBUS TYLER, *Steward.*

*McLean Asylum,*  
*Jan'y 1, 1846.*



## A P P E N D I X .

### DIRECTIONS FOR THE ADMISSION OF PATIENTS.

Applications for the admission of patients to the McLean Asylum for the Insane, may be made to either of the Trustees of the Massachusetts General Hospital, or to Dr. BELL, Physician and Superintendent, at the Asylum in Somerville, a mile and a half from the City of Boston. If the application is made by letter, it should be directed to him through the Post Office at Somerville.

By a recent vote of the Trustees, the lowest rate for patients, without reference to the fact whether they are or are not residents of Massachusetts, is fixed at three dollars per week. Where the pecuniary ability is such as to make a higher rate fair and equitable, it is proportionably increased.

The blank forms requisite for admission will be furnished on application as above. They consist of a certificate from a regular physician that the patient is insane, a request for admission signed by the nearest relative or guardian, a bond with conditions to pay the rate fixed, to remove the patient when discharged, &c. &c., to be signed by one responsible person as principal, and another as guarantee. Evidence of such responsibility from strangers is expected.

Patients are not received for a shorter period than three months, unless sooner recovered, in which event they are charged only for actual residence.

It is also considered as a part of the covenant, that patients are to be visited only at the discretion of the Superintendent, because visits of friends occasionally do great mischief to curable patients, and if repeated at pleasure, destroy all chance of recovery. Patients whose residence is merely custodial, are always allowed to be visited by near friends, or such other persons as can with propriety desire to see them.

As the Asylum is usually full, or nearly so, it is desirable that some notice should be given of the intention to place patients under its care, previously to their being sent from home. This, however, is not necessary in the case of patients recently seized, where every week's delay is of high importance.

By a regulation of the Trustees, no visits to the Asylum are permitted on Sundays. It would also be a great convenience to the Superintendent, if calls to see and inquire respecting patients were made, as far as practicable, on the afternoons of Wednesday and Saturday.



OFFICERS  
OF THE INSTITUTION,  
1846.

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WILLIAM APPLETON, *President.*

THEODORE LYMAN, *Vice President.*

HENRY ANDREWS, *Treasurer.*

MARCUS MORTON, JR., *Secretary.*

TRUSTEES.

|                        |                               |
|------------------------|-------------------------------|
| CHARLES AMORY,         | 65 State street.              |
| WILLIAM T. ANDREWS,    | 10 Central court.             |
| NATHANIEL I. BOWDITCH, | Over Suffolk Bank.            |
| GEORGE M. DEXTER,      | 11½ Tremont row.              |
| ROBERT HOOPER,         | 39 Commercial wharf.          |
| THOMAS LAMB,           | Washington Ins. Co. State st. |
| FRANCIS C. LOWELL,     | Mass. Hospital Life Ins. Co.  |
| JOHN A. LOWELL,        | 3 Oliver street.              |
| HENRY B. ROGERS,       | 39 Court street.              |
| J. THOMAS STEVENSON,   | 11½ Tremont row.              |
| WILLIAM W. STONE,      | Old South Block, Milk street. |
| EDWARD WIGGLESWORTH,   | 16 India wharf.               |

*Board of Consultation,*

|                      |                           |
|----------------------|---------------------------|
| JAMES JACKSON, M. D. | GEORGE C. SHATTUCK, M. D. |
| JOHN JEFFRIES, M. D. | EDWARD REYNOLDS, M. D.    |

## OFFICERS OF THE HOSPITAL.

RICHARD GIRDLER, *Superintendent.*

JACOB BIGELOW, M. D.

ENOCH HALE, M. D.

JOHN B. S. JACKSON, M. D.

HENRY I. BOWDITCH, M. D.

JOHN D. FISHER, M. D.

OLIVER W. HOLMES, M. D.

} *Visiting Physicians.*

JOHN C. WARREN, M. D.

GEORGE HAYWARD, M. D.

SOLOMON D. TOWNSEND, M. D.

HENRY J. BIGELOW, M. D.

SAMUEL PARKMAN, M. D.

J. MASON WARREN, M. D.

} *Visiting Surgeons.*

WILLIAM H. THAYER, M. D. *Admitting Physician.*

JOHN S. FLINT, *House Physician.*

ALFRED LAMBERT, *House Surgeon.*

FRANCIS A. HOLMAN, *APOTHECARY.*

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## OFFICERS OF THE McLEAN ASYLUM.

LUTHER V. BELL, M. D. *Physician and Superintendent.*

CHAUNCEY BOOTH, JR., M. D. *Assistant Physician and  
Apothecary.*

COLUMBUS TYLER, *Steward.*

MRS. MARY E. TYLER, *Matron.*

HOMER GOODHUE, *Male Supervisor.*

MISS RELIEF R. BARBER, *Female Supervisor.*



## COMMITTEES.

### *Free Bed Standing Committee.*

MESSRS. ROGERS and J. A. LOWELL.

### *Committee on the Warren Fund.*

MESSRS. ROGERS and ANDREWS.

### *Committee on the Book of Donations.*

MR. ROGERS.

### *Committee on Finance.*

MESSRS. HOOPER and J. A. LOWELL.

---

### *Visiting Committee.*

|            |         |                                 |
|------------|---------|---------------------------------|
| February,  | - -     | MESSRS. AMORY and F. C. LOWELL. |
| March,     | - - -   | " F. C. and J. A. LOWELL.       |
| April,     | - - -   | " J. A. LOWELL and ROGERS.      |
| May,       | - - - - | " ROGERS and HOOPER.            |
| June,      | - - - - | " HOOPER and BOWDITCH.          |
| July,      | - - - - | " BOWDITCH and STEVENSON.       |
| August,    | - - -   | " STEVENSON and LAMB.           |
| September, | - -     | " LAMB and ANDREWS.             |
| October,   | - - -   | " ANDREWS and STONE.            |
| November,  | - -     | " STONE and WIGGLESWORTH.       |
| December,  | - -     | " WIGGLESWORTH and DEXTER.      |
| January,   | - - -   | " DEXTER and AMORY.             |

REPORT  
OF THE  
BOARD OF TRUSTEES  
OF THE  
MASSACHUSETTS  
GENERAL HOSPITAL,

PRESENTED TO THE CORPORATION  
AT THEIR ANNUAL MEETING,

*for 1846*  
JANUARY 27, 1847.

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BOSTON:  
1847.  
EASTBURN'S PRESS.











# REPORT

OF THE

BOARD OF TRUSTEES

OF THE

MASSACHUSETTS

GENERAL HOSPITAL,

PRESENTED TO THE CORPORATION

AT THEIR ANNUAL MEETING,

JANUARY 27, 1847.

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BOSTON:

1847.

EASTBURN'S PRESS.





REPORT  
OF THE  
BOARD OF TRUSTEES  
OF THE  
MASSACHUSETTS GENERAL HOSPITAL,  
PRESENTED TO THE  
CORPORATION AT THEIR ANNUAL MEETING,  
JANUARY, 1847.

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It is the duty of a Committee of the Trustees to submit to the Corporation, at its annual meeting, a report upon the accounts of the Treasurer for the preceding year and upon the present condition of the Institution, with a statement of the number of patients admitted and discharged at each department and of the receipts and expenditures in each.

The subscribers, a Committee appointed for this purpose, respectfully report

That they have examined the Treasurer's accounts, which are presented herewith, made up to December 31, 1846, together with the evidences of the property belonging to the Corporation, and have found the payments properly vouched and the evidences of property to conform to

the schedule submitted. The income from interest, dividends, subscriptions for free beds and all other sources was, during the year, \$24,415.52, the expenses during the same period having been \$24,318.91.

The Annual Report of the Superintendent of the Hospital in Allen street, which is submitted in detail, shows that there have been admitted to the Hospital, during the past year, 459 patients, of whom 299 were males and 160 females. Of these 459 patients, 186 paid board, 23 paid board for a part of the time and 250 enjoyed all the advantages of the Institution without charge to themselves or their immediate friends.

There have been discharged during the year 211 well, and 137 more or less relieved.

The proportion of deaths to the whole number of results, was as 1 in 13.

The average number of patients has been 55, the greatest number at any one time having been 72. During the last quarter the average number has been greater than ever before.

The expenses of this department for the year 1846, were \$18,401.58, the amount received from patients having been but \$3,024.50.

The average weekly expenses for each patient have been \$6.43; while of the 209 persons who are reported as having paid board during a part or the whole of the time while they were in the Hospital, 158 paid \$3 per week—16 paid \$4 per week—30 paid \$6 per week, and 5 paid \$10 per week.

The average time of residence of ward paying patients has been  $3\frac{1}{2}$  weeks and of free patients  $4\frac{3}{4}$  weeks.

The immediate benefits of this department are not confined to such patients as are reported as inmates. During the last quarter of the year 1846, twenty-two persons, whose condition enabled them to reside with their families, have been treated at the Hospital.

Since the last annual meeting the new west wing of the building has been completed and the ample and convenient wards, which it furnishes, have been occupied by patients since July last.

The Committee would call the attention of the Corporation to the improved means of ventilation, to which great attention has been paid, and the successful operation of which results in the hourly comfort of the patients and must be an efficient auxiliary to the means employed for their recovery.

Arrangements are in progress for the application of similar means to the old east wing, which is now under repairs, and which, together with the new east wing will be ready for occupancy during the present season.

The removal of the kitchen department, from the main building to one erected for its exclusive accommodation, is believed to have been called for not only by the increased conveniences, which the enlargement of the Hospital has made necessary, but also by the advantages to be derived from removing this branch of the establishment from too close proximity to the wards.

It is obvious that the enlargement of the accommoda-



tions for the sick, in Allen street, will, as they are made available, increase the necessary annual expenses of this department. The Committee would tender renewed acknowledgments to the subscribers for free beds, the receipts from each of whom are noted in the accompanying account of the Treasurer.

The Trustees are enabled to furnish to the Corporation another evidence both of the appreciation of the value of the services rendered by the institution and of individual liberality on the part of one of their fellow citizens, a mechanic of this city; they having received notice from Mr. Thomas A. Goddard, executor of the will of the late John Redman, Esq., of a munificent bequest made by that gentleman, who has constituted the Massachusetts General Hospital his residuary legatee.

The condition of the McLean Asylum justifies its reputation.

From the Report of Dr. Bell, it appears that it is filled to the limit of its capacity.

During the past year 148 patients have been admitted—126 have been discharged, and 173 were inmates of the house on the 1st instant.

Of the 126 discharged 65 have recovered, 9 died, and 52 were removed by their friends in various stages of disease or convalescence.

The average number of patients has been 164.

The expenses of the Asylum, as appears from the statement of Mr. Tyler, have been \$32,892.00.

The receipts during the same period exceeded this amount by about \$1,300.00.

The Committee would offer their willing testimony to the faithful and judicious management of each department of the institution, by the gentlemen to whose immediate care they are entrusted, and who are doing much in making the establishment, what the benevolent individuals, who founded and have fostered it, intended it should be, a source of comfort and relief to many, whom God's providence has subjected to bodily and mental distress.

Which is respectfully submitted.

J. THOS. STEVENSON, }  
WILLIAM W. STONE, } *Committee.*

*Boston, January, 1847.*

# REPORT

OF THE

SUPERINTENDENT OF THE HOSPITAL IN ALLEN STREET,

BOSTON, FOR THE YEAR 1846.

*Admitted to the Massachusetts General Hospital, from January 1, 1846, to January 1, 1847.*

|                              | Males. | Females. | Total. |
|------------------------------|--------|----------|--------|
| Patients paying board, . . . | 146    | 36       | 182    |
| do. do. part of time, .      | 17     | 10       | 27     |
| do. entirely free, . . .     | 136    | 114      | 250    |
|                              | <hr/>  | <hr/>    | <hr/>  |
|                              | 299    | 160      | 459    |

Of these 158 paid \$3; 30 paid \$6; 16 paid \$4; and 5 paid \$10. Total, 209.

*Discharged during the year.*

|                          | Males. | Females. | Total. |
|--------------------------|--------|----------|--------|
| Well, . . . . .          | 143    | 68       | 211    |
| Much relieved, . . . . . | 34     | 29       | 63     |
| Relieved, . . . . .      | 40     | 34       | 74     |
| Not relieved, . . . . .  | 16     | 14       | 30     |
| Not treated, . . . . .   | 23     | 5        | 28     |
| Eloped, . . . . .        | 2      | 1        | 3      |
| Unfit, . . . . .         | 0      | 2        | 2      |
| Dead, . . . . .          | 28     | 8        | 36     |
|                          | <hr/>  | <hr/>    | <hr/>  |
|                          | 286    | 161      | 447    |



Proportion of deaths to the whole number of results, one in thirteen.

Greatest number of patients at any one visit in private rooms, 7; greatest number of paying patients, 28; of free patients, 44; greatest total, 72; least number in private rooms, 1; least paying, 8; free, 29; least total, 37.

Number of accidents admitted during the year, 59. Average number of patients, 29 males; 26 females; total, 55. Average number of paying patients, 10 American and 8 Foreign; total, 18.

Greatest number of paying patients, 12 American and 16 Foreign.

Least number of paying patients, 7 American and 1 Foreign.

---

*Analysis of Patients.*

|                            | Pay. | Free. | Part of<br>time<br>paying. |
|----------------------------|------|-------|----------------------------|
| Males—Mechanics, . . . . . | 23   | 27    | 4                          |
| Laborers, . . . . .        | 24   | 58    | 2                          |
| Minors, . . . . .          | 9    | 12    |                            |
| Mariners, . . . . .        | 25   | 8     | 2                          |
| Jeweller, . . . . .        |      | 1     |                            |
| Mason, . . . . .           |      | 2     |                            |
| Manufacturers, . . . . .   | 5    |       |                            |
| Farmers, . . . . .         | 13   | 5     |                            |
| Truckmen, . . . . .        | 1    | 1     |                            |
| Domestics, . . . . .       | 4    | 3     | 1                          |
| Teacher, . . . . .         | 1    |       |                            |
| Carpenters, . . . . .      | 5    | 5     |                            |
| Traders, . . . . .         | 6    | 1     | 1                          |
| Physicians, . . . . .      | 3    |       | 1                          |

|                            | Pay.      | Free.     | Part of<br>time<br>paying. |
|----------------------------|-----------|-----------|----------------------------|
| Clerk, . . . . .           | 4         |           | 1                          |
| Confectioner, . . . . .    |           | 1         |                            |
| Army and Naval Officers, . | 3         |           |                            |
| Machinists, . . . . .      | 3         | 6         |                            |
| Baker, . . . . .           | 1         |           |                            |
| Tailors, . . . . .         | 3         | 2         |                            |
| Shoemakers, . . . . .      | 1         | 2         |                            |
| Storekeeper, . . . . .     |           | 1         |                            |
| Attornies, . . . . .       | 4         |           |                            |
| Currier, . . . . .         | 1         |           |                            |
| Clergymen, . . . . .       | 3         |           |                            |
| Comedians, . . . . .       | 1         | 1         |                            |
| Coachmen, . . . . .        | 5         |           |                            |
| Artist, . . . . .          | 1         |           |                            |
| Printer, . . . . .         | 1         |           |                            |
| Surveyor, . . . . .        | 1         |           |                            |
|                            | <hr/> 151 | <hr/> 136 | <hr/> 12                   |

Total males, 299; of this number, 48 were in private rooms.

|                              |          |           |          |
|------------------------------|----------|-----------|----------|
| Females—Domestics, . . . . . | 12       | 51        | 2        |
| Tailoresses, . . . . .       | 2        | 6         |          |
| Wives, . . . . .             | 11       | 19        | 2        |
| Sempstresses, . . . . .      | 4        | 4         | 3        |
| Minors, . . . . .            |          | 12        |          |
| Operative, . . . . .         |          | 1         |          |
| Widows, . . . . .            | 4        | 20        | 4        |
| Teachers, . . . . .          | 2        | 1         |          |
|                              | <hr/> 35 | <hr/> 114 | <hr/> 11 |

Total females, 160. Of these, 5 were in private rooms.  
One-fifth of the free patients were female domestics, a

little over one fourth were male laborers, all of whom, except 9, were Foreigners.

Average time of ward paying patients, is  $3\frac{1}{2}$  weeks, and of free patients  $4\frac{3}{4}$  weeks.

Proportion of ward beds occupied by free patients, a fraction less than one to two.

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*Annual Expenses for 1846.*

|                         |             |
|-------------------------|-------------|
| Stores, . . . . .       | \$5,937.77  |
| Contingences, . . . . . | 47.15       |
| Wages, . . . . .        | 4,311.01    |
| Fuel, . . . . .         | 1,538.87    |
| Furniture, . . . . .    | 2,697.00    |
| Medicine, . . . . .     | 1,568.62    |
| Repairs, . . . . .      | 905.95      |
| Stationery, . . . . .   | 126.11      |
| Grounds, . . . . .      | 19.10       |
| Salaries, . . . . .     | 1,250.00    |
|                         | <hr/>       |
|                         | \$18,401.58 |

The whole amount of board charged to all the patients during the year, was \$9,073.31; of this sum there was charged to the Trustees for the board of free patients, \$6,048.81; and the balance, \$3,024.50, has been received from paying patients.

If the gross amount of the annual expenses be divided by the average number of patients it will give \$6.43 for the weekly expense of each patient.

RICHARD GIRDLER, *Superintendent.*

*To the Board of Trustees.*



TWENTY-NINTH  
ANNUAL REPORT  
OF THE  
PHYSICIAN AND SUPERINTENDENT  
OF THE  
McLEAN ASYLUM FOR THE INSANE,  
TO THE TRUSTEES  
OF THE  
MASSACHUSETTS GENERAL HOSPITAL.

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It is a source of gratification to the head of that department of the institution under your care, devoted to the care and custody of the insane, that he is able to report that the year completed has been one of abundant prosperity, unmarked by the occurrence of any of those painful incidents to which this class of hospitals must ever be occasionally liable.

At the beginning of the year 1846, there were residing in the McLean Asylum one hundred and fifty-one patients, seventy-eight of whom were males and seventy-three females. From that date to this last day of the year, there have been admitted one hundred and fifty-eight persons, seventy-six males and seventy-two females.

There have consequently been under the care of the institution during the year an entire number of two hundred and ninety-nine patients, one hundred and fifty-four males and one hundred and forty-five females.

During the same period, one hundred and twenty-six have been discharged, sixty-six males and sixty females. Of course, there now remain in the house one hundred and seventy-four inmates, eighty-nine of whom are males and eighty-five females.

Of those discharged the best judgment we can form is, that sixty five, thirty-four males and thirty-one females, have recovered, nine have died, (three of whom sunk under *paralysie generale*, two with old age, two with acute disease of the brain, one with epilepsy and one with general exhaustion,) and the remaining have been dismissed in accordance with the necessities or decisions of friends in various conditions, entered on the register under the head of *much improved, improved, not improved, unfit*, and after various periods of residence from a number of years to a single night.

The following table comprising the operations of the Asylum during the last ten years, will exhibit the comparative results of the present and preceding years, as well as the continuously increasing numbers. The buildings have been modified and enlarged to meet this ever pressing demand, until it now accommodates numbers far beyond any original calculation, and until no further extension is practicable, except by adding new buildings.

It is a subject of regret that a large number of applicants have, from necessity, been refused, during the year. The monthly averages drawn from the Visiting Committee's weekly Record, will show to those, like your Board, acquainted with the fair extent of accommodations, which cannot be deemed to exceed those for a hundred and fifty

persons, that we have not allowed our convenience or that of our assistants to interfere with admissions to the greatest justifiable extent. These averages were for January, 154; February, 159; March, 160; April, 162; May, 162; June, 166; July, 170; August, 168; September, 165; October, 162; November, 171, and December 175, or an average annual household of over 164 patients.

*Table of admissions and results for the last ten years.*

| YEAR.   | Admitted | Dismissed | Whole No. under care. | Died. | Much improved, improved, not improved, and unfit. | Recovered. | Remaining at end of year. | Average No. of patients. |
|---------|----------|-----------|-----------------------|-------|---------------------------------------------------|------------|---------------------------|--------------------------|
| 1837    | 120      | 105       | 191                   | 8     | 25                                                | 72         | 86                        | 80                       |
| 1838    | 138      | 131       | 224                   | 12    | 45                                                | 74         | 93                        | 95                       |
| 1839    | 132      | 117       | 225                   | 10    | 38                                                | 69         | 108                       | 112                      |
| 1840    | 155      | 138       | 263                   | 13    | 50                                                | 75         | 125                       | 128                      |
| 1841    | 157      | 141       | 283                   | 11    | 55                                                | 75         | 142                       | 135                      |
| 1842    | 129      | 138       | 271                   | 15    | 43                                                | 80         | 133                       | 143                      |
| 1843    | 127      | 126       | 260                   | 18    | 45                                                | 63         | 134                       | 131                      |
| 1844    | 158      | 140       | 292                   | 19    | 49                                                | 68         | 152                       | 146                      |
| 1845    | 119      | 120       | 271                   | 13    | 33                                                | 74         | 151                       | 149                      |
| 1846    | 148      | 126       | 299                   | 9     | 52                                                | 65         | 173                       | 164                      |
| Totals, | 1383     | 1282      |                       | 128   | 435                                               | 715        |                           |                          |

After this brief recapitulation, required by your regulations, there is little more of result or incident to be communicated, and few suggestions with which, at this day, it would be expedient or becoming to encumber an annual report upon "the general state of the institution and its results."

The regular weekly visits of inspection, by which the institution is guarded and the rights both of its inmates and officers efficiently protected, are so punctual as never to have been omitted in a single instance for nearly thirty years, and so thorough as to comprise a personal interview with each individual resident and every portion of



the establishment in detail. These visits being made in their successive tours of duty as Visiting Committee, by each member of your Board, leave little or nothing to be communicated as unknown to you in relation to the condition and treatment of the patients, or those minor improvements ever in contemplation and execution.

The time has been, in the infancy of this kind of institutions, when it was considered important that the community in the vicinity should be advised through the annual reports, especially of those which like this, were pioneers in a new and little understood work, and consequently had the greatest amount of experience, of various important topics connected with insanity and institutions for the insane, such as the curability of the disease in appropriate hospitals and under fitting moral and medical treatment, the necessity of prompt subjection to curative means when recovery was expected, the value of perseverance in the use of means in protracted cases, the expediency of full co-operation with an institution on the part of friends, and the value of custodial and meliorative treatment when restoration was un hoped for. Year after year these and similar items have been repeated and reiterated, until our community must have been well informed, if not satiated with the oft recurring tale.

These reports again, and for the natural reason that there was no more convenient vehicle of communication with those interested in the subject, have been employed to present various points of pathology, of symptoms, and of treatment of the manifold varieties of mental disorder, as well its jurisprudential relations.

Still another duty fell upon these annual addresses, that arising from the relations of the Asylums already established to those communities about engaging in the meritorious but complicated duty of similar provision for

their members bereft of reason. This office was discharged by digressions of greater or less extent upon those branches of enquiry upon which heads of institutions were most solicited to give their experience and opinions, and by a public reply like this, the convenience of both parties was consulted. Such were the topics of the advisable extent of hospitals as to numbers, the best plans of architectural construction and the external and domestic regimen and management, much of which information a few years since, as applicable to our own country, was scarcely accessible except by laborious personal journeying and investigation.

A reference to the annual reports of this Asylum for past years will show that it has not failed in meeting its share of these demands, for which as the first founded curative institution in the northern section of America, it was so often appealed to.

That period in this part of our philanthropic history, in which it was expected or expedient, for the annual report to perform these besides its legitimate offices, has probably passed. Almost every one of the States of our Union has taken in charge, or has already fulfilled to a greater or less degree of completeness, the duty it owes to the insane.

That no further appeals to our own community are demanded to induce them to co-operate fully in hospital treatment is safely to be presumed from the fact of this Asylum having been unable to receive during the past year, more than two thirds of those seeking admission; that no further endeavors to maintain an intelligent understanding between the friends and those endeavoring to treat their charge, are needed, is obvious to us from the comparatively rare instances, of late years, in which differences of opinion prevail as to this point, formerly one



of the often referred to and discouraging circumstances attending the treatment of insane in hospitals.

The claims of those engaged in making provision for the insane, to information, have been met in various adequate ways. The means of information as to every point of detail or design are now readily accessible. Treatises expressly devoted to the subject, reports upon various perfected institutions of the old world by experienced observers amongst ourselves, abundant architectural plans of constructions abroad, of recent date, and new hospitals at home conformed to modern requisitions, have removed the necessity of pleading for better considered plans where communities are engaged in such provision, and rendered it nearly certain that henceforward no new hospitals will be erected after that obsolete and rejected pattern to which unfortunately too many of the erections on this side of the Atlantic, have been conformed.

The periodical meetings of the "Association of the Medical Superintendents of the American Institutions for the Insane," and the proposed occasional publication of their transactions, and the issuing of a valuable quarterly, the American Journal of Insanity, now on its fourth year, afford the most ample means of interchange of opinions and experience of all who are interested in this pursuit, and leave no apology for impressing the pages of the report into discussions of general professional interest.

There was also a period in our progress of provision for the insane, in which for an end which alone would justify so repulsive and unprofessional a deviation, namely the endeavor to arouse attention by the contrast of insane persons in hospitals, or as neglected, it was customary to devote many pages to details often revolting and painful, of the sufferings and delusions which at all times and places, certain cases of insanity may present. The dis-



ease of insanity is already surrounded with too many real and factitious features of repulsiveness, to justify any further obstacles to the public mind regarding it, as the well informed and unprejudiced now do, as a purely physical illness, associated as all severe illness is with many things unpleasant and distressing, and which we naturally shrink from holding up to the world. Should we care to have the extravagancies of ourselves or of our immediate friends drawn up graphically even without coloring or exaggeration, and perpetuated for the gratification of a perverse taste, which sees nothing in such delineations but a proper topic of interest and gratification? Every institution has its cases of extreme severity and of intense interest, deserving of perpetuation and investigation in the proper repertories of medical science, but if we would continue to hope for and promote a just estimate of the character of insanity as a physical malady, the fewer high painted "Bedlam sketches" which are offered to the mixed community, the better will it be for the sane, and the more just and humane to those now suffering or destined hereafter to suffer under this severe affliction. That the names of particular sufferers may be thrown under the veil of partial concealment by anonymous references or initials, may lessen the blow, although experience shows how thin this veil is to the individual, but does not present the false and ungenerous hue thrown over the malady itself. In regard to all other diseases, affecting for a while the reason or not, it would be considered as in the worst taste, if not a breach of common confidence, to detail the minutiae of symptoms to the world. Nothing, in my view, can sanction hereafter such an employment of annual reports, even if the object hitherto to be attained, that of arousing apathetic communities may be accepted as a partial explanation.

Thus impressed with the conviction that our reports ought not to be the vehicle of general topics, already provided with ample means of addressing themselves to the professional ear, I have only to communicate a continuation of one or two topics of our own experience, in changes before presented.

In our last reports we have referred to our attempts to provide a higher class of personal accommodations and comforts for our household, going perhaps considerably beyond any experience in these particulars. I then reported how free from objection this had proved, and that it was not inexpedient even in view of expense. Gradually the asylum has been fitted and furnished in a manner similar to that customary in of the best furnished houses in New England, through a considerable portion of its galleries. Another year, without the injury or destruction of a dollar's worth in these sections thus provided, seems to justify the expediency of this experiment beyond cavil. Carrying out this idea, a number of mantelpieces and open fires have been arranged in the Belknap ward, to the greatest comfort and satisfaction of its occupants.

It could not be recommended that changes of this kind should be made in institutions for the insane, where the means of classification, the social position of the great body of inmates, or the ability to have in attendance a large body of intelligent and experienced assistants, is less than with us. It is only with reference to our own experience, with the constant presence of twenty-five or thirty persons with their charge, that these results, (a novelty in view of their extent,) are reported.

The same favorable circumstances would also alone justify the almost entire disuse of the means of muscular restraint to the persons of patients, which has been reported for some years past as having been successfully main-

tained. In two other instances only have restraints been used, during the year.

I cannot deprive myself of the pleasure of again expressing my acknowledgments for the uniformly intelligent and harmonious mode in which I have been supported by all those, so many years associated with me in these labors.

LUTHER V. BELL,

*Physician and Superintendent.*

McLEAN ASYLUM FOR THE INSANE, }  
Somerville, January 1, 1847. }



# REPORT

OF THE

STEWARD OF THE McLEAN ASYLUM FOR THE INSANE,  
FOR THE YEAR 1846.

The following are balances of the several accounts:

|                                 |                   |
|---------------------------------|-------------------|
| Stores, . . . . .               | \$12,765.55       |
| Fuel, . . . . .                 | 3,238.04          |
| Stationery, . . . . .           | 32.74             |
| Wages, . . . . .                | 5,000.76          |
| Medicine, . . . . .             | 478.74            |
| Contingencies, . . . . .        | 942.26            |
| Furniture, . . . . .            | 2,350.54          |
| Repairs, . . . . .              | 1,811.54          |
| Improvements, . . . . .         | 1,406.92          |
| Diversions, . . . . .           | 1,380.94          |
| Abatement, . . . . .            | 1,327.96          |
| Library, . . . . .              | 60.39             |
|                                 | <hr/>             |
|                                 | \$30,796.38       |
| Salaries, . . . . .             | 4,000.00          |
|                                 | <hr/>             |
|                                 | \$34,796.38       |
| Deduct Farm, Garden, &c., . . . | \$ 576.42         |
| Abatement, . . . . .            | 1,327.96—1,904.38 |
|                                 | <hr/>             |
|                                 | \$32,892.00       |
|                                 | <hr/>             |

COLUMBUS TYLER, *Steward.*

McLEAN ASYLUM FOR THE INSANE, }  
Somerville, January 1, 1847. }

# APPENDIX

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## DIRECTIONS FOR THE ADMISSION OF PATIENTS.

Applications for the admission of patients to the McLean Asylum for the Insane, may be made to either of the Trustees of the Massachusetts General Hospital, or to Dr. BELL, Physician and Superintendent, at the Asylum in Somerville, a mile and a half from the City of Boston. If the application is made by letter, it should be directed to him through the Post Office at Somerville.

By a recent vote of the Trustees, the lowest rate for patients, without reference to the fact whether they are or are not residents of Massachusetts, is fixed at three dollars per week. Where the pecuniary ability is such as to make a higher rate fair and equitable, it is proportionably increased.

The blank forms requisite for admission will be furnished on application as above. They consist of a certificate from a regular physician that the patient is insane, a request for admission signed by the nearest relative or guardian, a bond with conditions to pay the rate fixed, to remove the patient when discharged, &c., &c., to be signed by one responsible person as principal, and another as guarantee. Evidence of such responsibility from strangers is expected.

Patients are not received for a shorter period than three months, unless sooner recovered, in which event they are charged only for actual residence.

It is also considered as a part of the covenant, that patients are to be visited only at the discretion of the Superintendent, because visits of friends occasionally do great mischief to curable patients, and if repeated at pleasure, destroy all chance of recovery. Patients whose residence is merely custodial, are always allowed to be visited by near friends, or such other persons as can with propriety desire to see them.

As the Asylum is usually full, or nearly so, it is desirable that some notice should be given of the intention to place patients under its care, previously to their being sent from home. This, however, is not necessary in the case of patients recently seized, where every week's delay is of high importance.

By a regulation of the Trustees, no visits to the Asylum are permitted on Sundays. It would also be a great convenience to the Superintendent, if calls to see and inquire respecting patients were made, as far as practicable, on the afternoons of Wednesday and Saturday.



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OF THE INSTITUTION.

1847.

---

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| GEORGE M. DEXTER,      | 11½ <i>Tremont row.</i>              |
| ROBERT HOOPER,         | 39 <i>Commercial wharf.</i>          |
| THOMAS LAMB,           | <i>Washington Ins. Co. State st.</i> |
| FRANCIS C. LOWELL,     | <i>Mass. Hospital Life Ins. Co.</i>  |
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| J. THOMAS STEVENSON,   | 11½ <i>Tremont row.</i>              |
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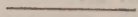
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